

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Date

of death

1940

Month

Jan

Day

27

Age

Years

63

Months

-

Days

-

Sex

Male

Color or
Race

White

Birth-
place

Va

Occupation

Carpenter

Where Residing if not
at place of death

Arch St.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jackson Wright

Father's
Name

- Almarade

Father's
Birthplace

Va

Mother's
Maiden Name

Do not know

Mother's
Birthplace

D R

Name of person giving
Information

Mrs Jacob C Almarade

How related
to deceased

Wife

CAUSES OF DEATH

40

Primary

Cancer of Liver

How long

Don't know

Immediate

Cholelithiasis

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E B Delaybrook

Address

Chesapeake Beach, Md

Accident or Suicide

Middleton, Va

PHYSICIAN
OR CORONER

1

Middleton, Frederick Co

va

in 1800

Name
in
Full

Sylvia E Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cumuld Town Allegh County

Date of death 1960 Month Jan Day 11 Age 2 Years Months 4 Days —

Sex Female Color or Race White Birth-place Cumuld

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Adam W. Arnold Father's Birthplace Cumuld

Mother's Maiden Name Bertha Henschel Mother's Birthplace "

Name of person giving Information Adam W. Arnold How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough - How long 10 days

Immediate Acute Bronchitis with convulsions How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. W. Wiley Address Wiley

Accident or Suicide Stem

32 Paca St.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Infant-Allen
New Cumberland Town Allegany County

Date of death 1960 Jan 14 Age 0 Months 0 Days 0

Sex female Color or Race white Birth-place Cumberland
Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Harry James Allen

Father's Birthplace Keyser W Va

Mother's Maiden Name Hazel Snyder

Mother's Birthplace Cumberland

Name of person giving Information H J Allen

How related to deceased father

CAUSES OF DEATH

Primary Premature

How long —

Immediate "

How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Q L Owens Jr D

Cumberland md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Matilda Barry

Town

County

MARYLAND

Died at *Sonawaring*

Date

of death

1950

Month

Jan

Day

31

Age

Years

32

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

San Marino, Calif.

Occupation

Homemaker

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Barry

Father's
Name

Ernest Ross

Father's
Birthplace

Penn'a

Mother's
Maiden Name

Mary Ann Tiggs

Mother's
Birthplace

Allegheny Co. Pa.

Name of person giving
Information

John Barry

How related
to deceased

Husband

CAUSES OF DEATH

138

Primary

Eclampsia (Puerperal)

How long

26 hours

Immediate

Heart Failure

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

James O. Bullock M.D.

Address

Sonawaring

Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Accident or Suicide

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emma A Brall* Town *Cumberland* County *alltany* MARYLAND

Died at *Cumberland* *alltany*

Date of death 1910 Jan 31 Age 59 Months 4 Days —

Sex *Female* Color or Race *White* Birth-place *W Va*

Occupation *Housewife* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Married* Name of Wife or Husband *James H Brall*

Father's Name *Levi H Brall* Father's Birthplace *MD*

Mother's Maiden Name *Catherine McElfish* Mother's Birthplace *MD*

Name of person giving Information *Boyd Brall* How related to deceased *Son*

CAUSES OF DEATH

Primary *Cancer of gall-bladder & liver* How long *5 years*

Immediate *Hemorrhage from liver* How long *10 hours*

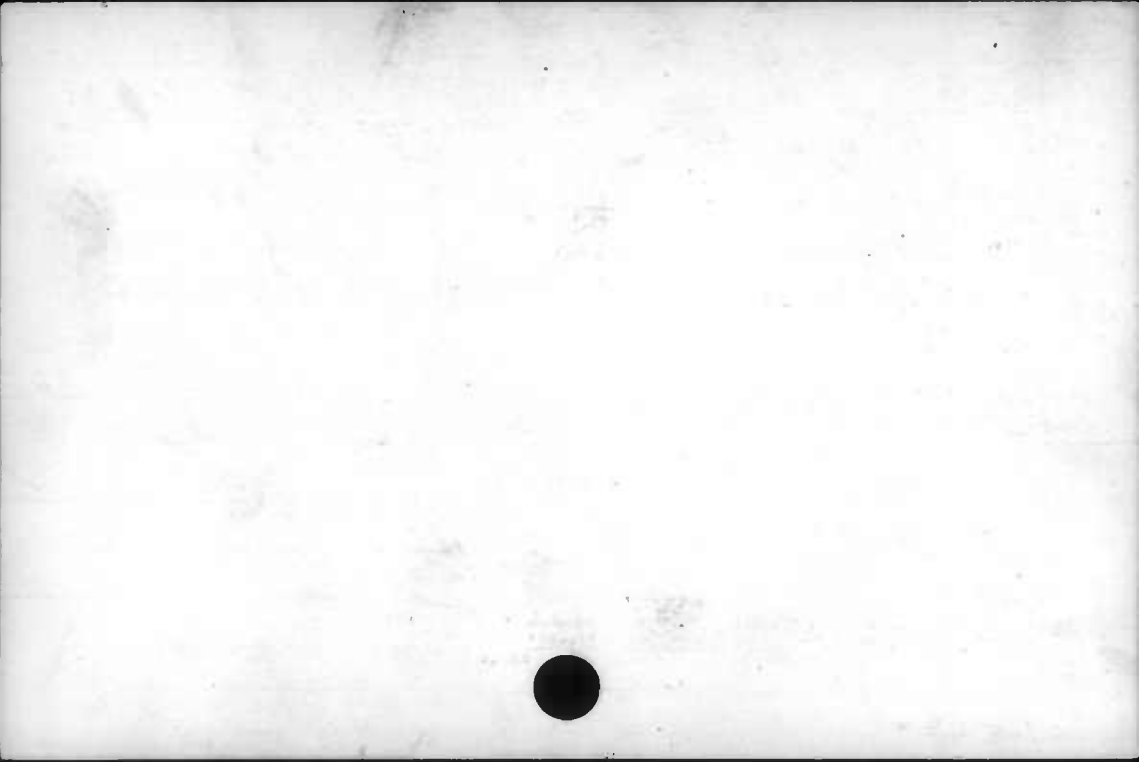
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. R. Hodges*

Address

Cumbeelland, Md.

Accident or Suicide

PHYSICIAN
FOR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Daniel Beaven

Town

County

MARYLAND

Died at

Hrostbury

Accox

Date

of death

10 January

Day

21

Age

Years

62

Months

10

Days

21

Sex

M

Color or
Race

W

Birth-
place

Wales

Occupation

Miner

Where Residing if not
at place of death

(Home)

Married, Single
or Widowed

~~Single~~

Name of Wife or
Husband

Harriet Beaven

Father's
Name

Wm Beaven

Father's
Birthplace

Wales

Mother's
Maiden Name

Katharine Jones

Mother's
Birthplace

Wales

Name of person giving
Information

Edwina Beaven

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Bronchitis

Immediate

Transition from difficulty in
swallowing. Probably carcinoma

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Griffith
Hrostbury Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

1

Thosby Fm ~~to~~ and a

Allegany
County

Name
in
Full

Mrs Margaret J. Benma

CERTIFICATE OF DEATH

Died at ^{Town} Spring Gap ^{County} Allegh MARYLAND

Date of death 1940 ^{Month} Jan ^{Day} 17 ^{Age} 30 ^{Years} 1 ^{Months} 2 ^{Days}

Sex female ^{Color or Race} white ^{Birth-place} Penna

Occupation Housewife ^{Where Residing if not at place of death} —

Married, Single or Widowed Married ^{Name of Wife or Husband} Harry A Benma

Father's Name Geo. Eichelberger ^{Father's Birthplace} Md

Mother's Maiden Name Amanda Barclay ^{Mother's Birthplace} Pa

Name of person giving Information Harry A. Benma ^{How related to deceased} husband

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Tuberculosis ^{How long} 3 mos.

Immediate Exhaustion ^{How long} 1 week.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. H. Brace, M.D.

Address

Cumber

Md —

Accident or Suicide

Suicide Spgs Pa

PHYSICIAN
OR CORNER

Sulphur Springs,
Bedford County Pa

Name
in
Full

Infant ~~Dittman~~ Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Month

Day

County

Year

Months

Days

MARYLAND

Date

of death

1940

Jan

30

Age

—

Sex

Female

Color or
Race

W

Birth-
place

Cumberland m

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

3.

Name of Wife or
Husband

—

Father's
Name

Herbert Briscoe

Father's
Birthplace

va

Mother's
Maiden Name

Ethel Dittman

Mother's
Birthplace

Ohio

Name of person giving
Information

Herbert Briscoe

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Paternal Hereditary weakness

How long

Immediate

Still Born, 8 mos

How long

Are the name, age, sex, color, date
and place correctly given above?

ye

Signature of
Physician

A. D. Laubach

Address

Cumberland

Accident or Suicide

no,

md,

PHYSICIAN
OR CORONER



Name
in
Full

George Henry Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *So. Cumberland* Town *Allegheny* County
Date of death 19*10* Jan Month *3* Day Age *21* Years
Sex *Male* Color or Race *White* Birth-place *Pa*
Occupation *Lathee (Plasber)* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *John A Brown* Father's Birthplace *Pa*
Mother's Maiden Name *Etta Kling* Mother's Birthplace *Pa*
Name of person giving Information *Sydney Brown* How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *2 mo*
Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

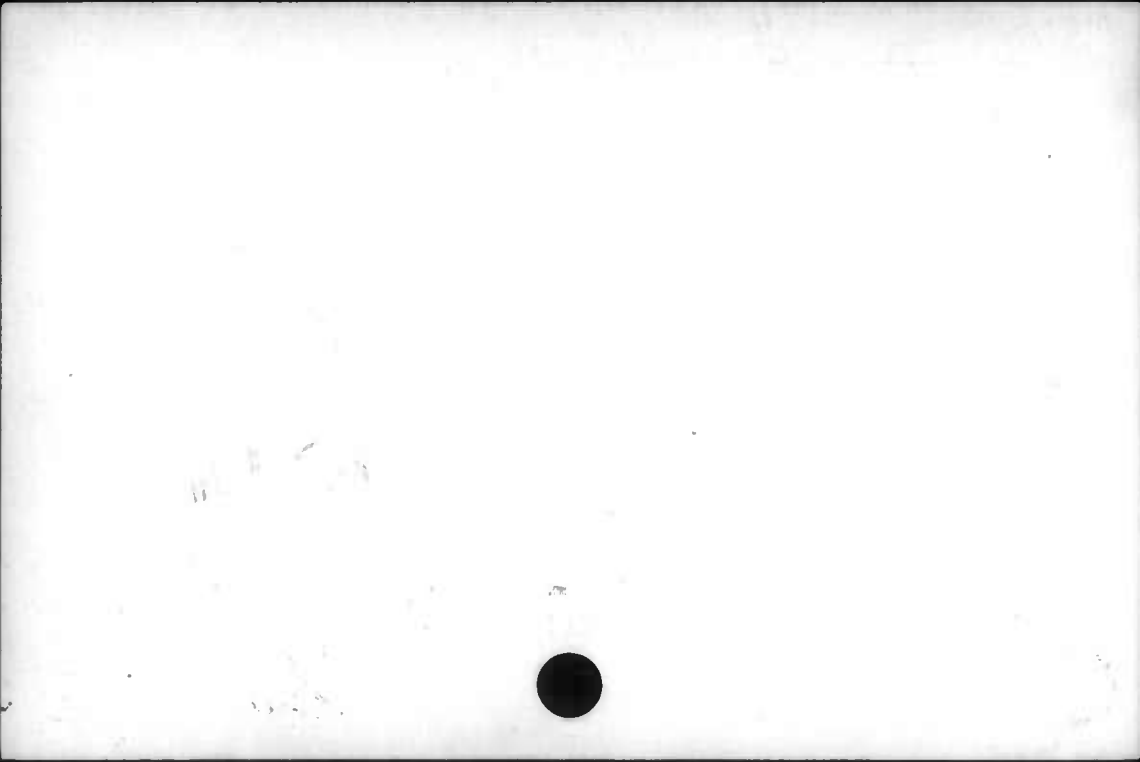
W. L. Broadbent
Cumberland
Ind

Steen

Accident or Suicida *N*

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of John Busch

Died at *Curtis* Town *Allegany* County **MARYLAND**

Date of death 19*60* Month *1* Day *10* Age Years Months Days *21*

Sex *Male* Color or Race *W.* Birth-place *Curtis*

Occupation _____ Where Residing if not at place of death _____

Merriad, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Wm. Busch* Father's Birthplace *Wickinton D.C.*

Mother's Maiden Name *Anna Fable* Mother's Birthplace *Penn.*

Name of person giving Information *Wm. Busch* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia Broncho* How long *4 days*

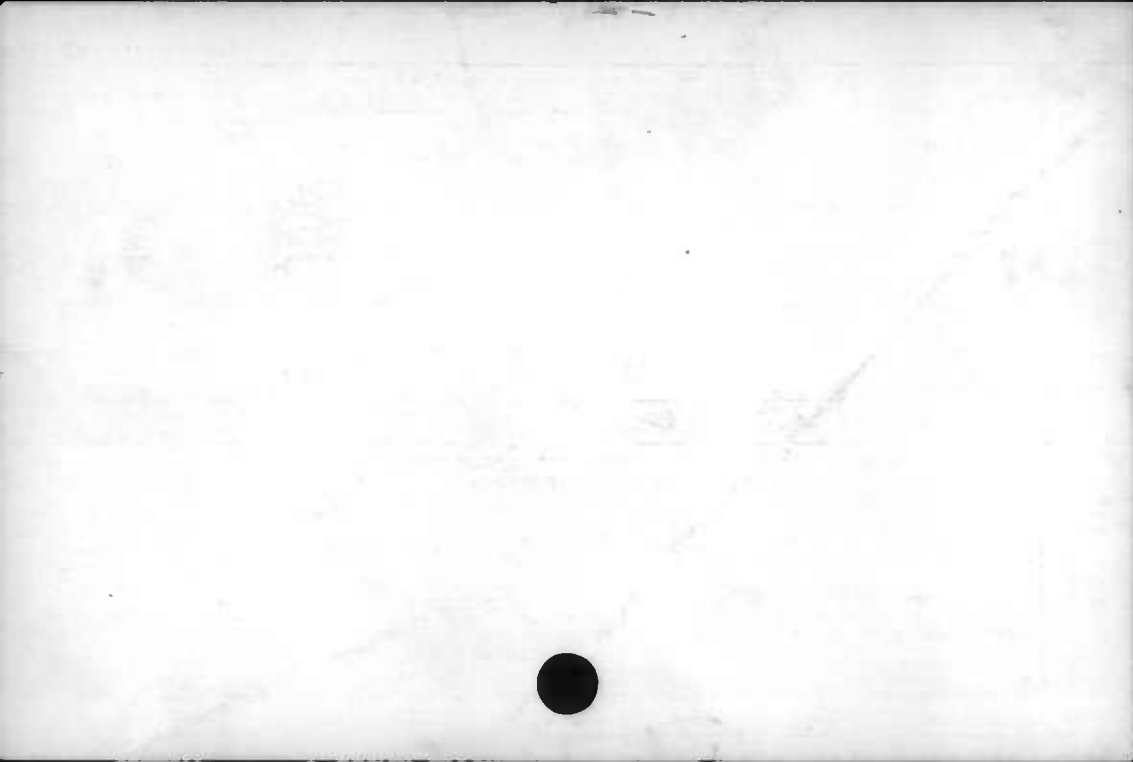
Immediate *Convulsions* How long *12 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. L. Owens M.D.* Address *Cumberland Md*

Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumtuband* Town *Cumtuband* County *Cumtuband*
 Date of death *1940* Month *Jan* Day *11* Age *7* Years *7* Months *7* Days *7*
 Sex *Female* Color or Race *White* Birth-place *MD*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Ralph W Campbell*

Father's Birthplace *Pa*

Mother's Maiden Name *Minnie G Campbell*

Mother's Birthplace *Pa*

Name of person giving information *Ralph W Campbell*

How related to deceased *Sister*

CAUSES OF DEATH

Primary *Stillborn*

How long *8* *in hours*

Immediate

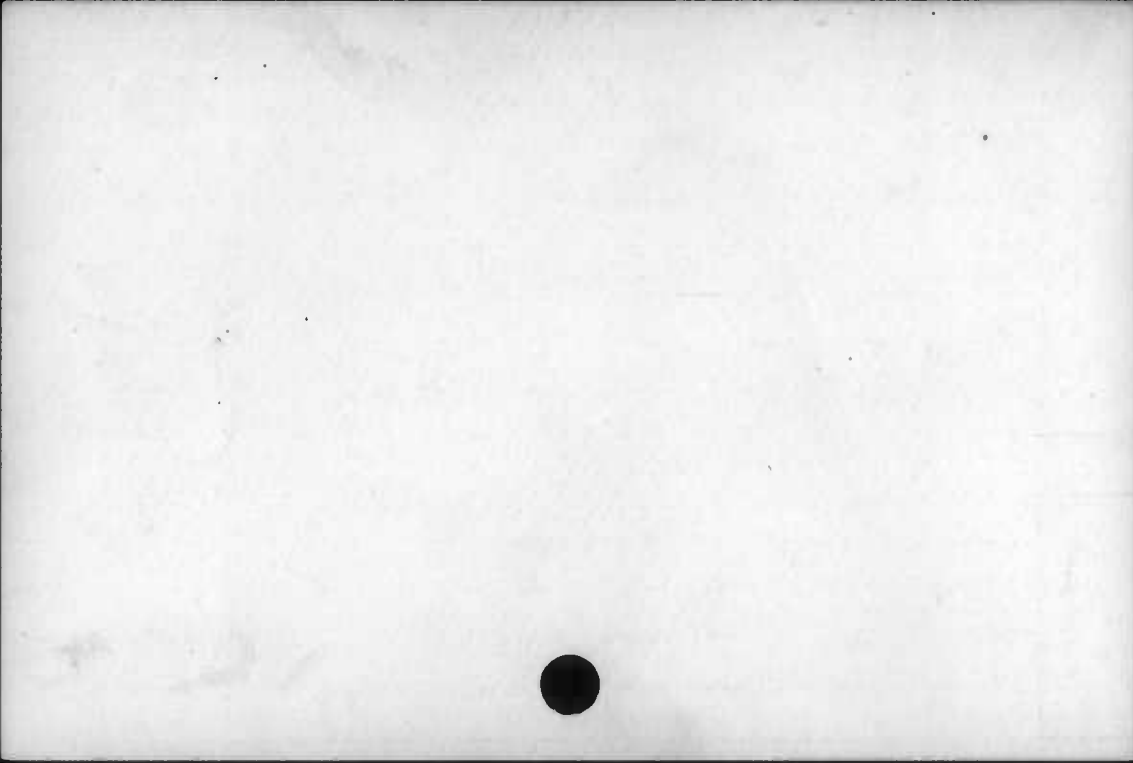
How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. L. Broadus MD*

Address *Cumtuband MD*

Accident or Suicide? *No.*



Name
in
Full

Sarah M. Carter

CERTIFICATE OF DEATH

Died at Chesapeake County Allegany MARYLAND

Date of death 1980 Month 1 Day 24 Age 38 Years Months Days

Sex Female Color or Race Cotored Birth-place Chesapeake

Occupation Cook Where Residing if not at place of death Chesapeake

Marrisd, Single or Widowed Married Name of Wife or Husband John Carter

Father's Name Benj. Howard Father's Birthplace Chesapeake

Mother's Maiden Name Maria E. Bates Mother's Birthplace Chesapeake

Name of person giving Information May Shadler Ford How related to deceased Sister

CAUSES OF DEATH

Primary Pneumonia How long 2 wks

Immediate cardiac failure How long 2 wks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Shirley Spence
104 N. Main Ave

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Dr Charles

Name
in
Full

Miss Anna Cessa

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>County</i>		MAYLAND	
Date of death <i>1980</i>	Month <i>January</i>	Day <i>14</i>	Age <i>46</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>unknown</i>			
Occupation <i>House maid</i>	Where Residing if not at place of death <i>Bottle Orleans</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name	<i>unknown</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>unknown</i>
Name of person giving Information <i>Patient</i>				How related to deceased	<i>None</i>

42

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary. <i>Left wing involving peritoneum and liver</i>	How long
<i>Cancer of Dermoid Cyst</i>	<i>Cyst Hurts - Cancer short time</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J.M. Spear</i>
	Address <i>Cumberland Md</i>
<i>Accident or Suicide</i>	

Worthington Iron & Steel Co

Secretary of Town

33.33
8.33
41.66

Name
in
Full

CERTIFICATE OF DEATH

Bettie A. Colvin

Town

County

MARYLAND

Died at Cumberland

Alleghany

Date

Month

Day

Years

Months

Days

of death

1960

Jan

30

Age

28

Sex

Female

Color or
Race

White

Birth-
place

West Va

Occupation

Housekeeper

Where Residing if not
at place of death

160 Race St

Married, Single
or Widowed

Name of Wife or
Husband

Leyton H. Colvin

Father's
Name

James Stucky

Father's
Birthplace

W. Va

Mother's
Maiden Name

Elizabeth Shade

Mother's
Birthplace

W. Va

Name of person giving
Information

Leyton H. Colvin

How related
to deceased

Husband

CAUSES OF DEATH

27

Primary

Pulmonary Consumption

How long

2 years

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

William F. Boardman

Address

109 Va - Ave

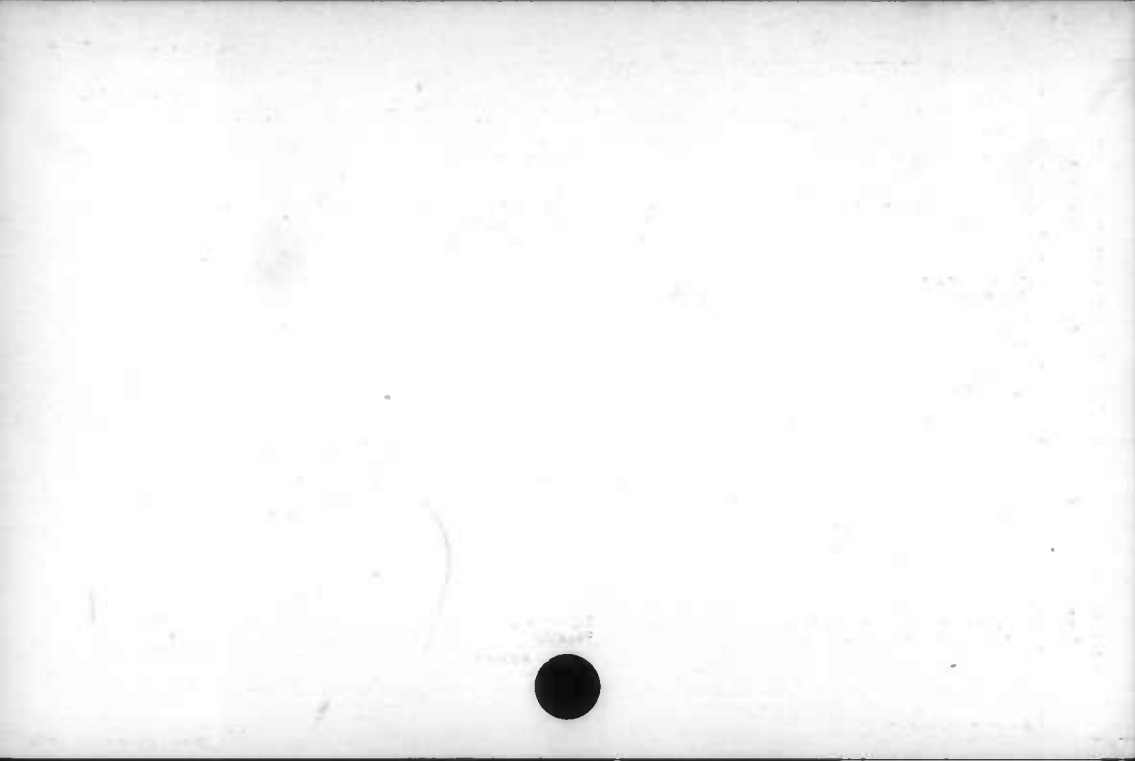
Cumberland Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

Name in Full <i>Thomas Coughlin</i>		Town <i>Cumberland</i>		County <i>allrgany</i>		Died at <i>MARYLAND</i>	
Date of death <i>1910</i>		Month <i>1</i>		Day <i>8</i>		Year <i>66</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Months <i></i>	
Occupation <i>Steel Roller</i>		Where Residing if not at place of death <i>Cumberland</i>		Days <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Name <i>Dont Know</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>		Name of person giving Information <i>Frank Coughlin</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>1 year</i>
Immediate <i>uremic poisoning</i>	How long <i>3 days</i>

Are the name, age, sex, color, date and place correctly given above?

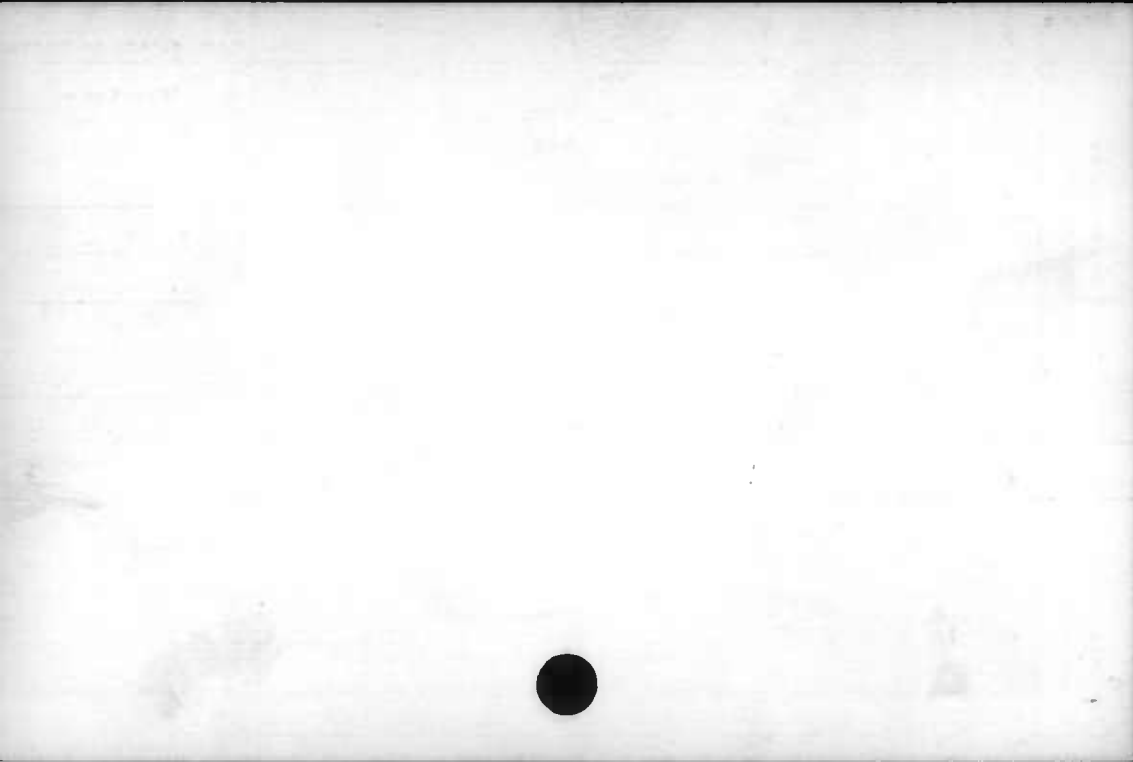
Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

Margaret E. Cowgill
Town County

MARYLAND

Died at

Cumberland Alleg

Date
of death

1900

Month

Jan

Day

23

Age

Years

Months

5

Days

6

Sex

Female

Color or
Race

White

Birth-
place

Amulet

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

William B Cowgill

Father's
Birthplace

St. ra.

Mother's
Maiden Name

Maggie Casperline

Mother's
Birthplace

Cumt'a.

Name of person giving
Information

Wm Cowgill

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough

How long

2 weeks

Immediate

Broncho Pneumonia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Steu

Signature of
Physician

St. Whit

Address

St. Whit

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

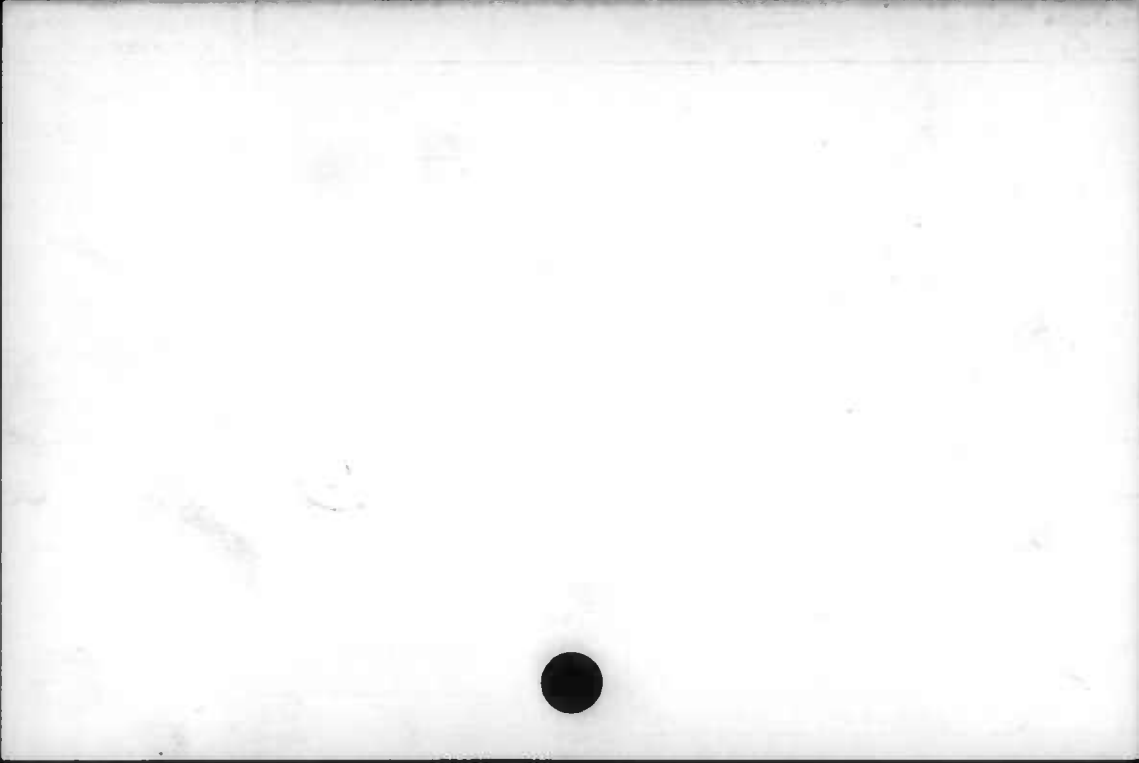
Died at <i>Lonsaering</i> <i>Allington</i> <i>County</i>		MARYLAND	
Date of death 19 <i>10</i> <i>Jan</i> <i>22</i> Age <i>71</i>	Month	Day	Years
Sex <i>Female</i>	Color of Face <i>White</i>	Birth-place <i>Scotland</i>	Months
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Crosser Sr.</i>		
Father's Name <i>Thomas Bahr</i>	Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Isabella Bahr</i>	Mother's Birthplace <i>1</i>		
Name of person giving Information <i>John Morton</i>	How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>One year</i>
Immediate <i>Grippe & Broncho Pneumonia</i>	How long <i>100 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Killen M.D.</i>
	Address <i>Lonsaering</i>
Accident or Suicide <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

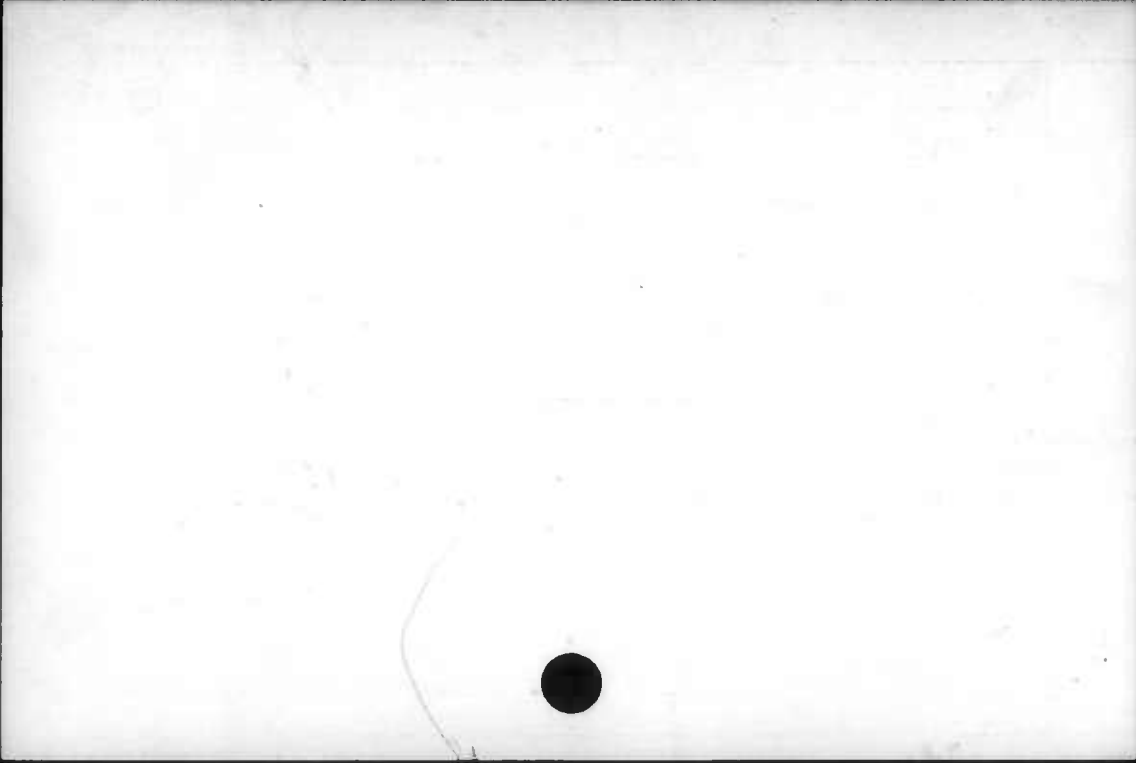
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonaconing</u> Town <u>Devalb.</u> County <u>Allegheny</u>		MARYLAND	
Date of death 19 <u>90</u> Month <u>Jan</u> Day <u>14</u>	Age <u>11</u> Years	Months <u>11</u>	Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Lonaconing</u>	
Occupation _____	Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____		
Father's Name <u>James J. Devalb</u>	Father's Birthplace <u>Lonaconing</u>		
Mother's Maiden Name <u>Rebecca Metz</u>	Mother's Birthplace <u>Lonaconing</u>		
Name of person giving Information <u>James J. Devalb</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary	<u>Broncho Pneumonia</u>	How long <u>9/1</u> <u>2 weeks</u>
Immediate	<u>"</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry M. Hodgson</u>	Address <u>Lonaconing, Ind.</u>
Accident or Suicide <u>No</u>		

PHYSICIAN
CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dominico Disilvestre
 Town *Cumberland* County *allergary*
 Died at *MARYLAND*
 Date of death *1910* Month *Jan* Day *24* Age *40* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Italy*
 Occupation *Labor* Where Residing if not at place of death *Cumberland*
 Married, Single or Widowed *Married* Name of Wife or Husband *Dont Know*
 Father's Name *Antonia Disilvestre* Father's Birthplace *Italy*
 Mother's Maiden Name *Angelica* Mother's Birthplace *Italy*
 Name of person giving Information *Marco Disilvestre* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *1* *4 or 5 weeks*
 Immediate *Heart Failure* How long

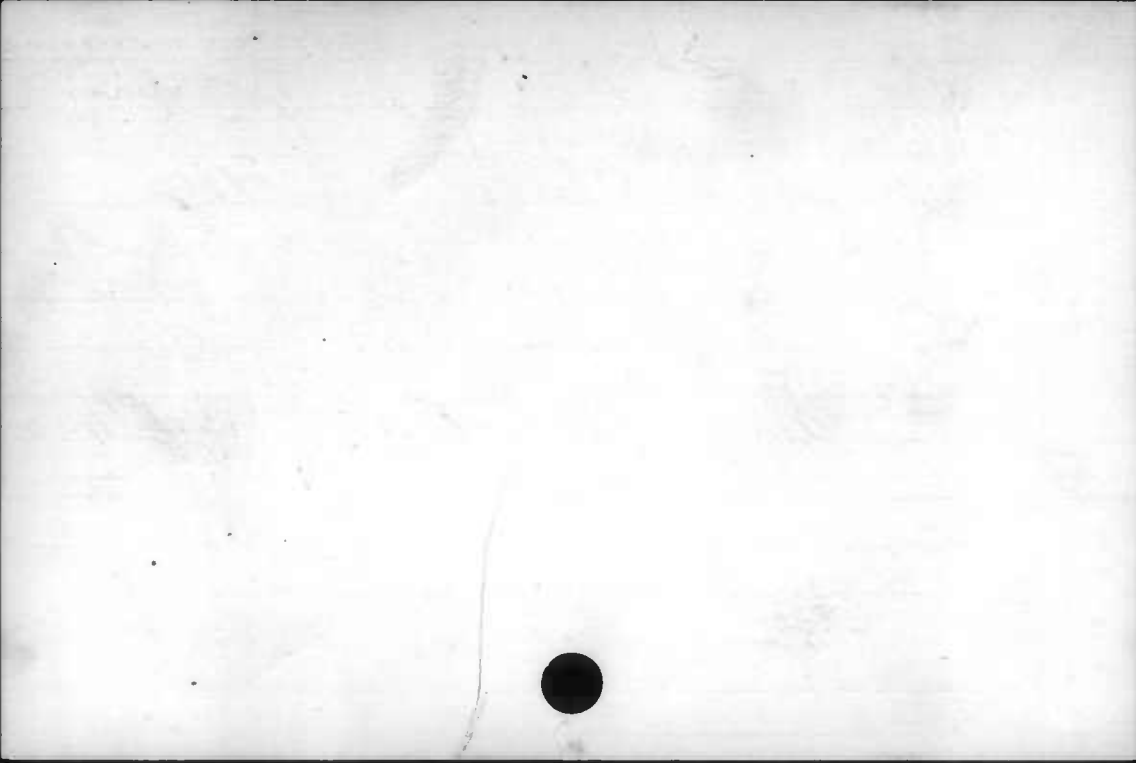
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mary Monahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

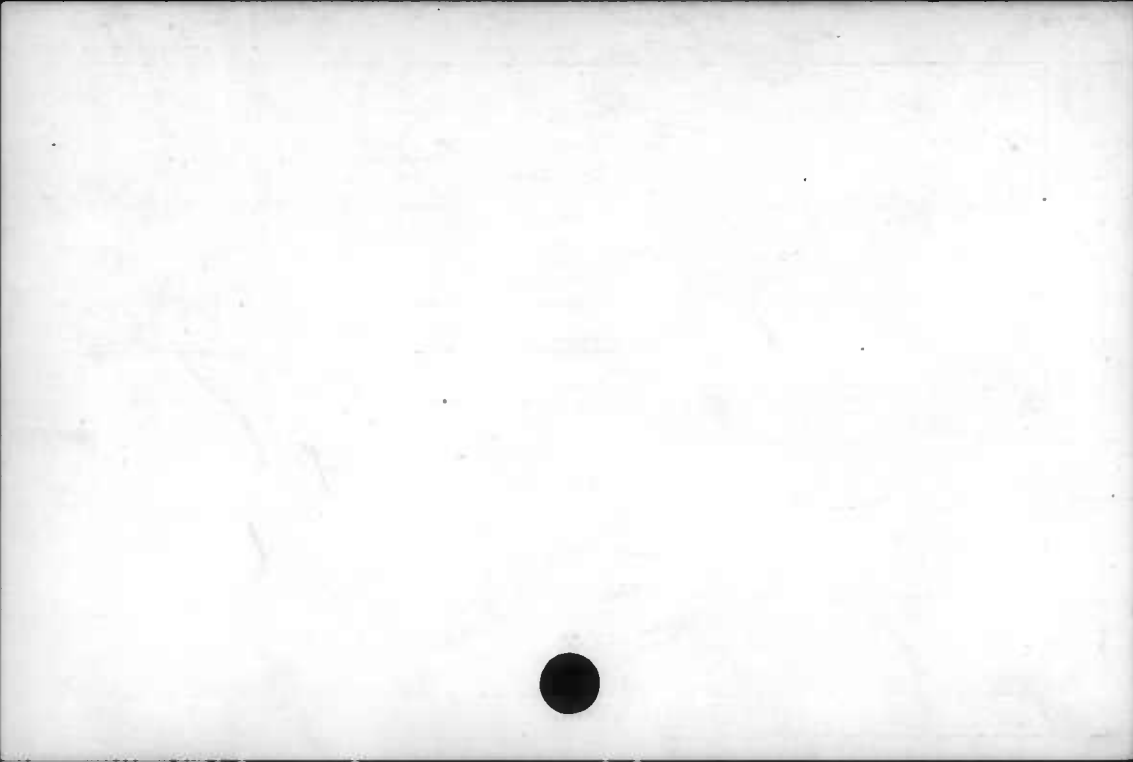
Died at		Town		County		MARYLAND	
Cumberland		Allegany					
Date of death		Month	Day	Age	Years	Months	Days
1940 Jan		3	72	1			
Sex	Female	Color or Race	White	Birth-place	Ireland		
Occupation	Housewife		Where Residing if not at place of death		Frostburg		
Married, Single or Widowed	Widowed		Name of Wife or Husband		Unknown		
Father's Name	Mickley Cassaway		Father's Birthplace		Ireland		
Mother's Maiden Name	Elouise Kneer		Mother's Birthplace		Unknown		
Name of person giving Information	Mrs. T. Zarley		How related to deceased		Daughter		

CAUSES OF DEATH

Primary	Old Age	How long	90
Immediate	Bronchitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. F. T. [Signature]	
		Address	
		Cumberland	
Accident or Suicide		Fly.	

PHYSICIAN
OR
CORONER





Name
in
Full

CERTIFICATE OF DEATH

Kellam S. Duckworth

Died at

Cumtland, Clee, Maryland

MARYLAND

Date

of death 1900

Month

1

Day

21

Age

Years

41

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Louisa, Ky

Occupation

Doctor Helton

Where Residing if not
at place of death

Cumtland

Married, Single
or Widowed

Married

Name of Wife or
Husband

Agnes

Father's
Name

James S. Duckworth

Father's
Birthplace

Louisa, Ky

Mother's
Maiden Name

Louisa " "

Mother's
Birthplace

Frostburg

Name of person giving
Information

Agnes Duckworth

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Explosion in A. H. machine shop

How long

Immediate

Crushing Injury to Brain

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. H. Hawkins

Address

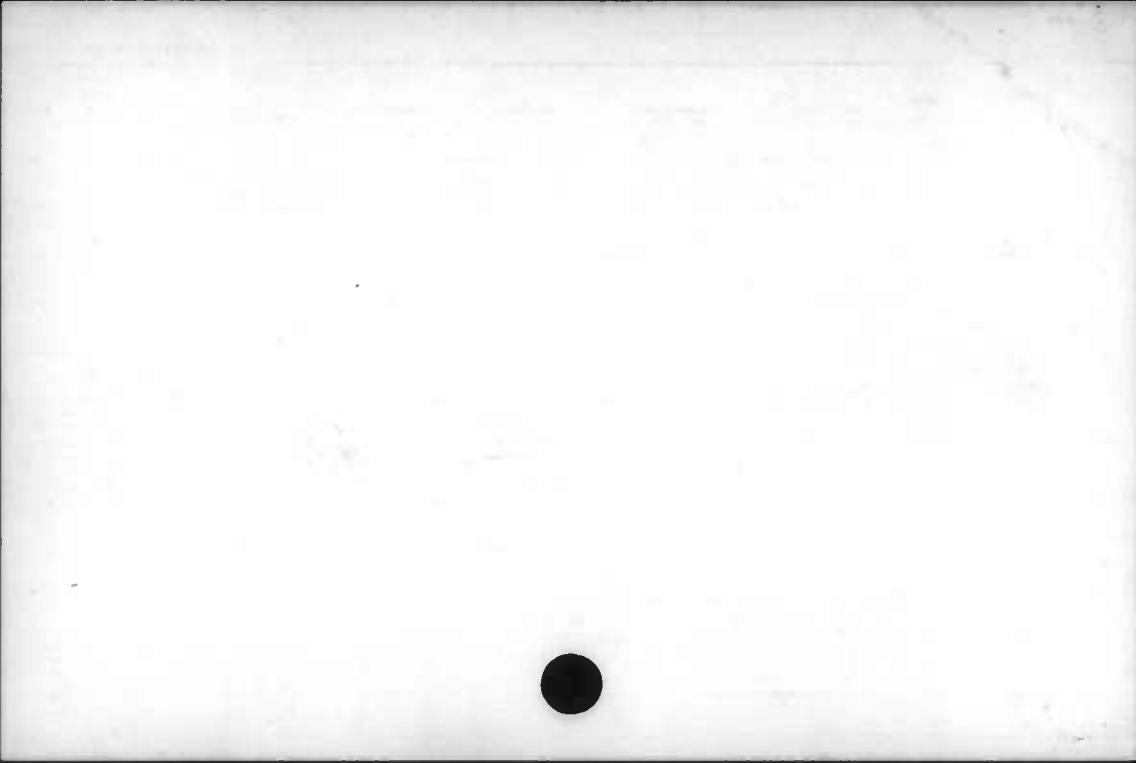
Cumtland

Accident or Suicide

GSB

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERName
in
Full
Samuel Emrick

Town

County

MARYLAND

Died at near Cumberland Allegany

Date

Month

Day

Years

Months

Days

of death 1990

January

18

Age

32

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Laborer

Where Residing if not
at place of death

Barigonsville

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Jacob Emrick

Father's
Birthplace

Pa

Mother's
Maiden Name

Cordia Blites

Mother's
Birthplace

Pa

Name of person giving
Information

Adam Stroger

How related
to deceased

Nephew.

CAUSES OF DEATH

Primary

Alcoholism

How long

Several years

Immediate

Drowning

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Coroner
J. J. Dressman
Cumberland Md

Accident or Suicide

Accident



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Fisher* County *Cumby* Maryland
Died at *Cumby*
Date of death 1900 *1* Month *25* Day *64* Age *64* Months *7* Days
Sex *Male* Color or Race *White* Birth-place *M. Pleasant Tenn.*
Occupation *Laborer* Where Residing if not at place of death *Cumby Md.*
Married, Single or Widowed *Married* Name of Wife or Husband *Arranda Fisher*
Father's Name *Adam Fisher* Father's Birthplace *M. Pleasant Tenn.*
Mother's Maiden Name *Elizabeth Payne* Mother's Birthplace *M. Pleasant Tenn.*
Name of person giving information *A. L. Fisher* How related to deceased *Brother-in-law*

CAUSES OF DEATH

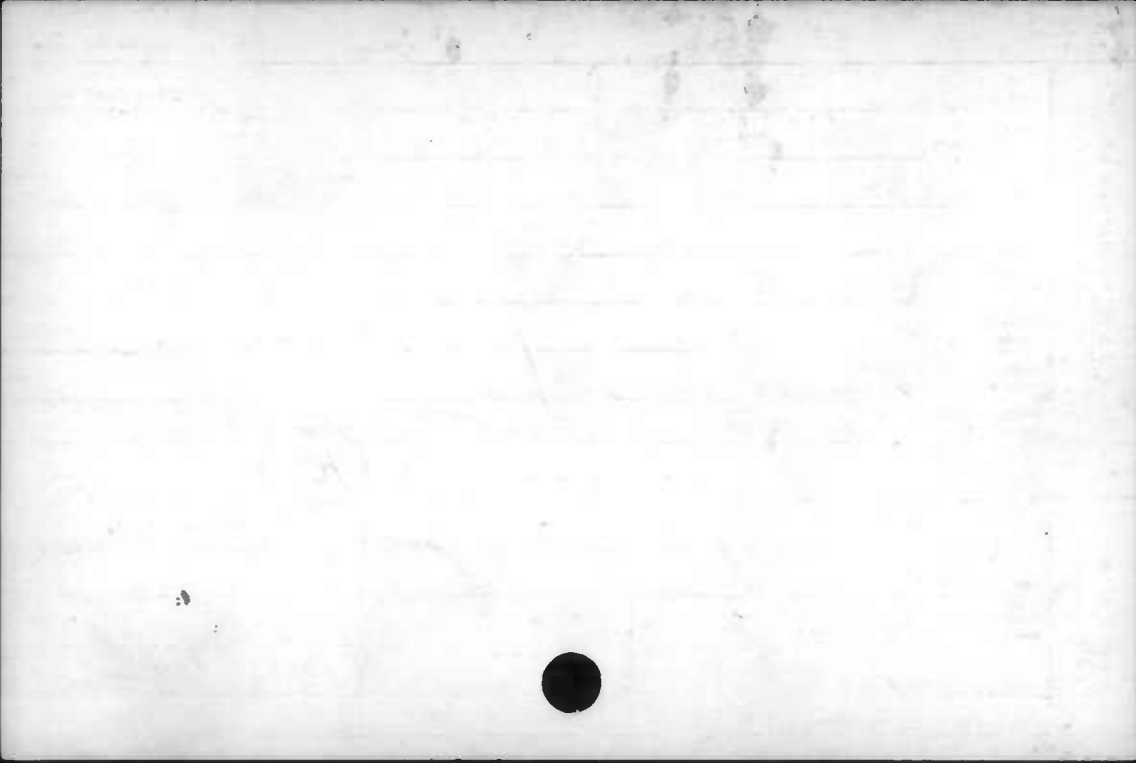
Primary *Struck by C. & P. R. R. Train* How long *Immediate*
Immediate *Concussion of brain* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of *Coroner*
Address *John, E. Dressman, Cumby, Md.*

Accident or Suicide *Accident*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Evan Fisher</i>		Town <i>Andover</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Andover</i>		Month <i>1</i>		Day <i>19</i>		Years <i>11</i>	
Date of death <i>1990</i>		Age <i>3</i>		Months <i>11</i>		Days <i>3</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Wm C. Fisher</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>May E. Plummer</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>W. C. Fisher</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

Primary <i>Infectious</i>	How long <i>11 hrs. 3 days</i>
Immediate <i>Pneumonia</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Fisher</i>
	Address <i>Frostburg Ind.</i>
Accident or Suicide <i>1</i>	

Me Kuchey
Jacob Haper

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1910

Month

Jan

Day

14

Age

Years

31

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Cumuld

Occupation

R R Conductor

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ellen

Miller

Father's
Name

C H Fisher

Father's
Birthplace

Va.

Mother's
Maiden Name

Laura Barger

Mother's
Birthplace

Ma

Name of person giving
Information

Cyrus H. Fisher

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Tuberculosis. Pulmonary

How long

about 3 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Stein

Signature of
Physician

Address

W. J. Simmons
Cumberland Md

Accident or Suicide

77 Va Ave

Name
in
Full

Raymond Francis Fletching
Town Cumberland County

CERTIFICATE OF DEATH

MARYLAND

Died at

Cumberland allegh

Date

of death 1960

Month

Jan

Day

24

Age

Years

1

Months

10

Days

1

Sex

male

Color or Race

White

Birth-place

Cumberland

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

George J. Fletchinger

Father's Birthplace

Cumberland

Mother's Maiden Name

Ella May Christie

Mother's Birthplace

Cumberland

Name of person giving Information

George J. Fletchinger

How related to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough

How long

2 months

Immediate

Pneumonia Bronchial

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. H. White

Address

Dr. White

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OF CORNER

24 - mag under Si -

Name
in
Full

CERTIFICATE OF DEATH

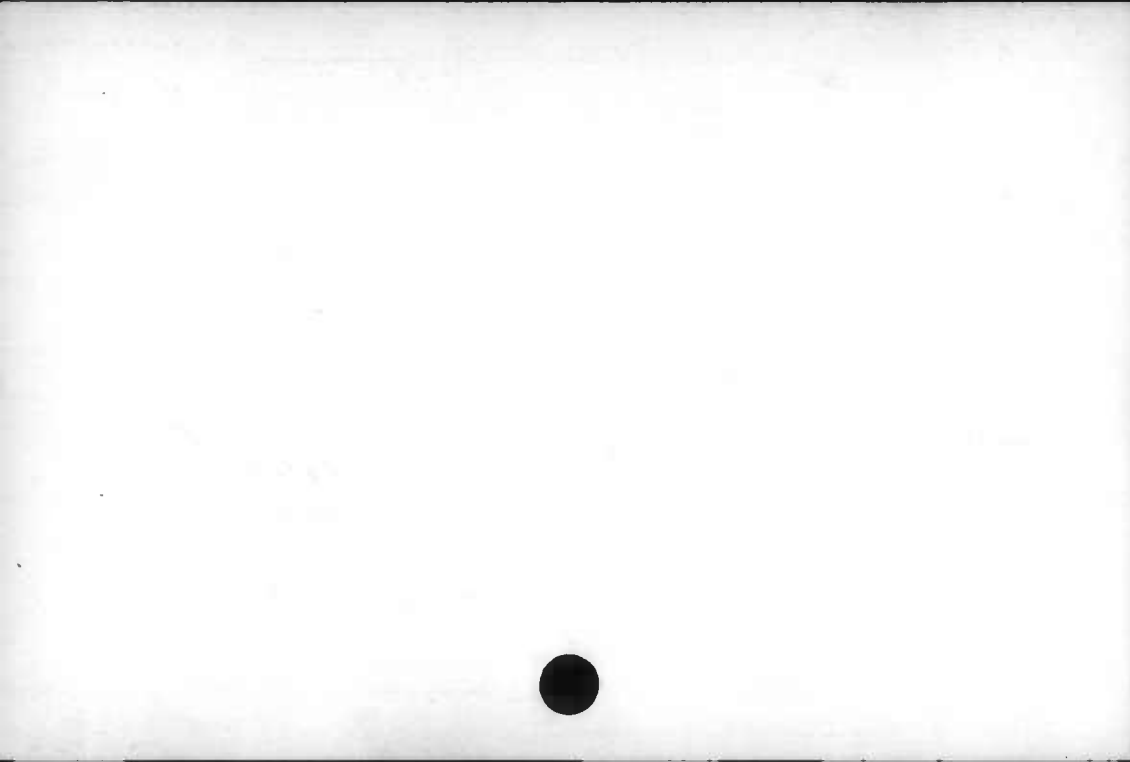
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Int Savage</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1900	Month <i>Jan.</i>	Day <i>12</i>	Age	Years	Months <i>3</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Int Savage</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Gaughon</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Annie King</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Annie Gaughon</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

Primary	<i>Insanition</i>	How long <i>(179)</i>	<i>(189)</i>
Immediate	<i>Exhaustion</i>	How long	<i>all life</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. Alan J. Mumford</i>	
		Address <i>Int Savage</i>	
Accident or Suicide		<i>mar</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Hanna C. Harden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Allegheny		County Allegheny		MARYLAND	
Date of death	10 90	Month 1	Day 10	Age Years	78	Months 7	Days 2
Sex	F.		Color or Race	W.		Birth- place	Md
Occupation	H.H.			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			John Harden deceased			
Father's Name	Isaac Timberline				Father's Birthplace	Md	
Mother's Maiden Name	Mary Barnard				Mother's Birthplace	Md.	
Name of person giving information	Carrie Lashbaugh				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	93	94	F
Immediate			How long	3 Days		
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. W. O. McLane		
			Address	Frostburg Md		
Accident or Suicide?						

X[✓] X[✓] v N. Co

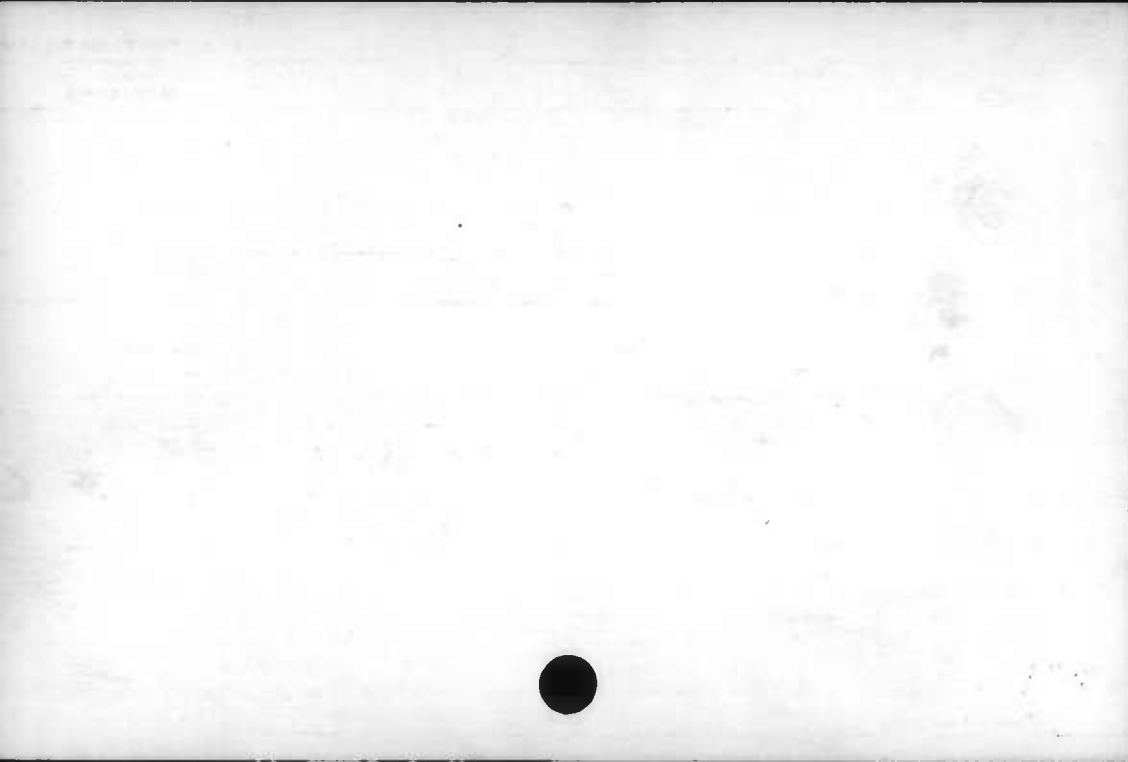
Portus

CERTIFICATE OF DEATH

PHYSICIAN
OR CORONER

Immediate	<i>Myocarditis</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. T. 99.</i>
		Address	<i>London, England</i>

Accident or Suicide *JEN* *MD.*
OFFICE SUPPLY CO. 8-2



Name
in
Full

CERTIFICATE OF DEATH

Mr. Conrad Hohing

Town *Lonsseoming* County *Allegheny* MARYLAND

Died at *Lonsseoming Allegheny*

Date of death 19*10* Jan *11* Age *71* Months *7* Days *1*

Sex *Female* Color or Race *White* Birthplace *Germany*

Occupation *Housewife* Where Residing if not at place of death *Lonsseoming*

Married, Single or Widowed *Married* Name of Wife or Husband *Conrad Hohing*

Father's Name *August 1st* Father's Birthplace *Germany*

Mother's Maiden Name *Katharine Schaffer* Mother's Birthplace *Germany*

Name of person giving Information *Mrs. Martin Eichhorn* How related to deceased *Daughter*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Mitral Stenosis* How long *79* *100 years*

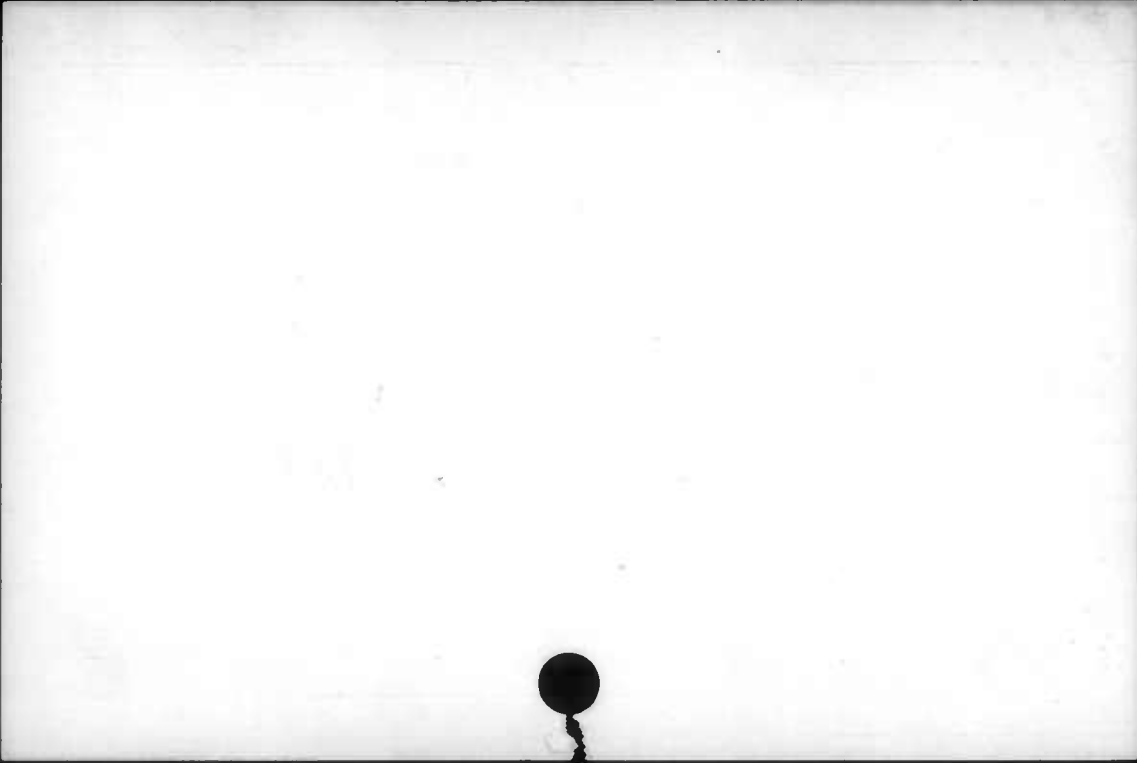
Immediate *General Anasarca* How long *One month*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. DeSkilling M.D.* Address *Lonsseoming*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hoyd Ellsworth Jay

Town *Cumtland* County *Alleg*

Died at *Cumtland* MARYLAND

Date of death 19*60* Month *Jan* Day *10* Age *1* Years Month *9* Days *10*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Reading if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Hezekiah Jay* Father's Birthplace *Pa*

Mother's Maiden Name *Minnie Smith* Mother's Birthplace *Pa*

Name of person giving Information *"* How related to deceased *Mother*

CAUSES OF DEATH

19

PHYSICIAN
OR CORONER

Primary *Chicken - pox* How long *4 days*

Immediate *Suffocation* How long *few minutes*

Are the name, age, sex, color, date and place correctly given above?
Steve

Signature of Physician *J. N. Wilson*
Address *Cumtland Ind.*
Wilson

Accident or Suicide *—*

Elkinsville Pa
Bedford County

Name
in
Full

Ellen Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town Cumberland County Alleg.

MARYLAND

Date

of death 1900

Month

Jan.

Day

18

Age

Years

65

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Ma.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Killis Johnson

Father's
Name

Daniel Able

Father's
Birthplace

D.K.

Mother's
Maiden Name

Don't know

Mother's
Birthplace

D.K.

Name of person giving
Information

E. L. Johnson

How related
to deceased

Son

CAUSES OF DEATH

Primary

acute indigestion

How long

3 days.

Immediate

Cardiac failure

How long

6 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Surgeon Sharris,

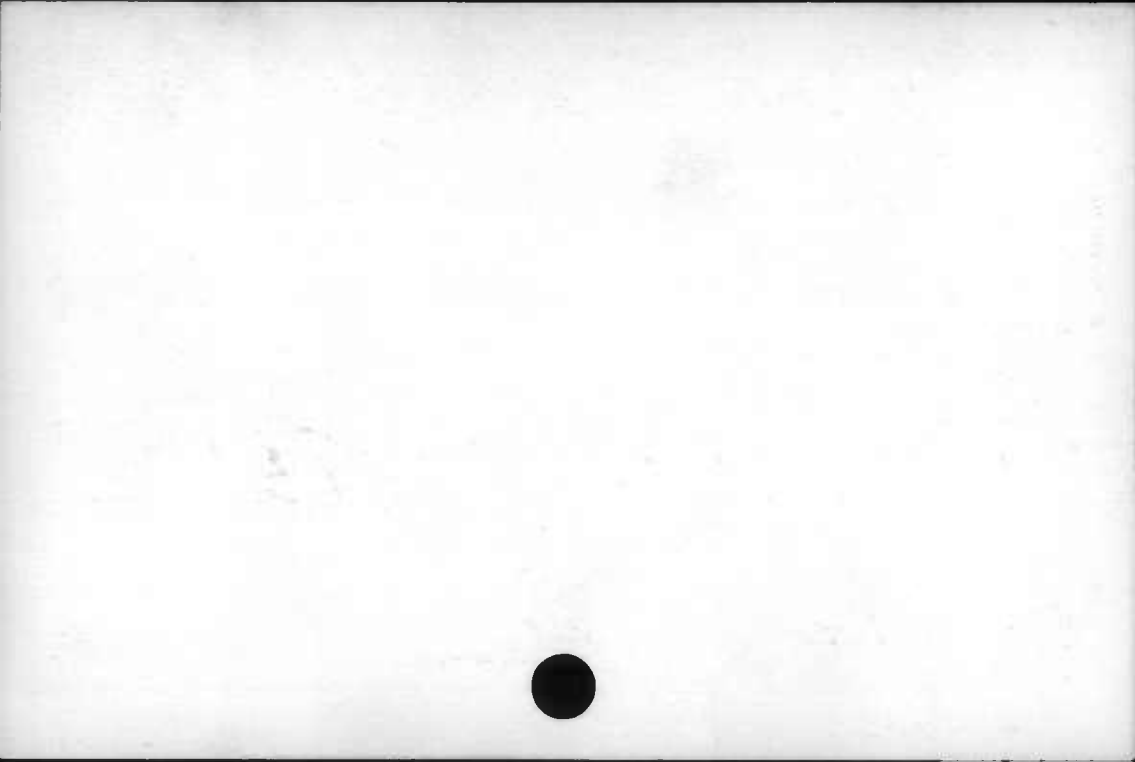
Address

104 Wheelwright St.

Accident or Suicide

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frostburg</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	19 <i>20</i>	Month <i>Jan</i>	Day <i>31</i>	Age	<i>11</i>	Years	Months <i>11</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Frostburg</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Florance D Johnson</i>				
Father's Name	<i>Henry Johnson</i>			Father's Birthplace	<i>Md</i>		
Mother's Maiden Name	<i>Carric Meyers</i>			Mother's Birthplace	<i>11</i>		
Name of person giving information	<i>Henry Johnson</i>			How related to deceased	<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>T</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Miller</i>	
		Address <i>Frostburg Md</i>	
Accident or Suicide?			

J. F. & V. C.

Mc Ghee

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joshua J. Kellar*
Died at *Cumtland* *alleg* County

MARYLAND

Date of death 19*40* *Jan* Month *25* Day Age *84* Years Month *5* Days

Sex *Male* Color or Race *White* Birth-place *Pa.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *D.K.*

Father's Name *Wm Kellar* Father's Birthplace *D.K.*

Mother's Maiden Name *Vianny* Mother's Birthplace *Pa*

Name of person giving Information *Ressaca Kellar* How related to deceased *Daughter*

CAUSES OF DEATH

154

Primary *Senile Debility* How long *2 years.*

Immediate *Heart Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

F. B. Burdette
Cumtland.

PHYSICIAN
OR CORNER

1

~~Accident or Suicide~~

Roemer of C

Frank of C

John Dead

Lizzie "

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Fresby Kelley
Died at *Wash Farm* *Seckley Co* *St Va*
County

MARYLAND

Date of death 19*41* Month *Jan* Day *27* Age *66* Years Months Days

Sex *Male* Color or Race *White*

Occupation *Farmer* Where Residing if not at place of death _____

Married, Single or Widowed *Widower* Name of Wife or Husband _____ *Dead*

Father's Name *W. J. Kelley* Father's Birthplace *Sharpsburg Md*

Mother's Maiden Name *Elizabeth Nicholson* Mother's Birthplace *Clarksburg*

Name of person giving Information *Wm Kelley* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Congestion of lungs* How long *3 days*
Immediate *Edema of lungs* How long *4 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. J. Kelley*

Address *Williamsport*

Accident or Suicide

January 31st 1910.

J. F. Kreps. Undertaker.

Williamport Md.

Interred at the Minonite Church
Cemetery

South of Clearspring. Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary E Kuhn*
Town *Cumtunda* County *Allegh*
Died at

MARYLAND

Date of death 1900 *Jan* Month *29* Day *7* Age *3* Years *5* Months *—* Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Henry Kuhn* Father's Birthplace *Ind*

Mother's Maiden Name *Jessie Trimble* Mother's Birthplace *Pa*

Name of person giving Information *Henry Kuhn* How related to deceased *Brother*

CAUSES OF DEATH

61

Primary *Meningitis* How long *10 days*

Immediate *by bacteria* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

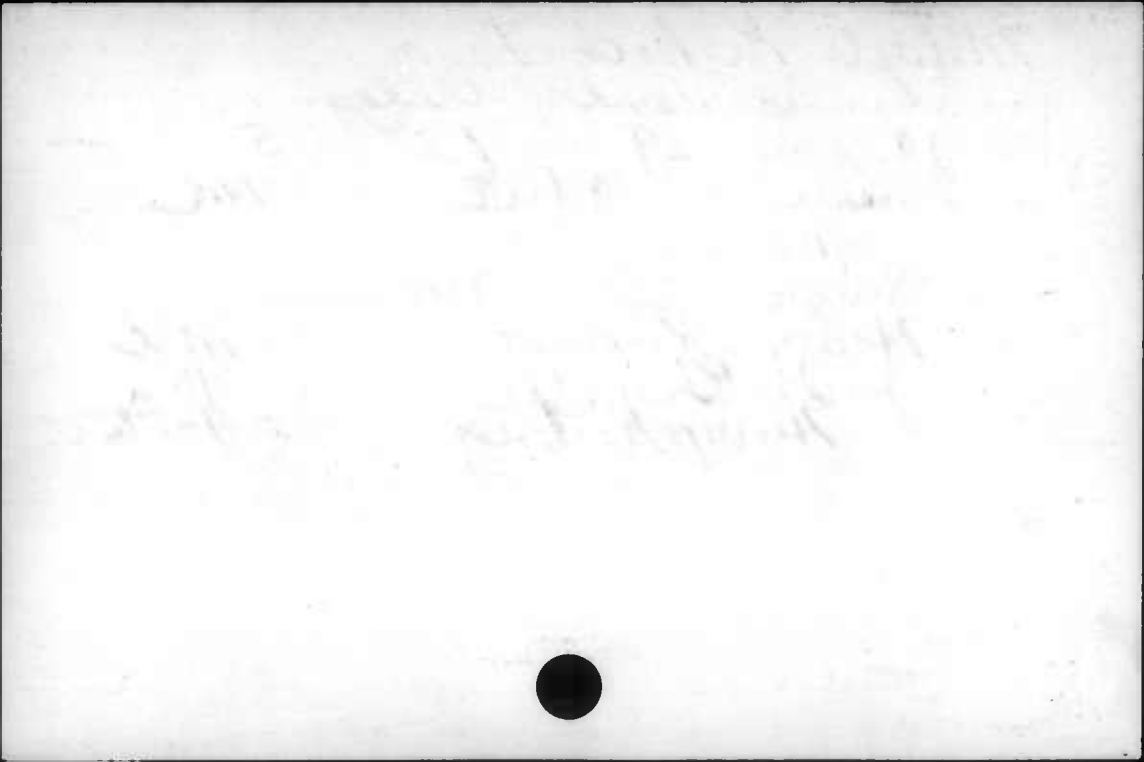
Address

Thos. M. Rao
Cumtunda
Ind

Accident or Suicide

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date
of death 1900

Sex

Occupation

Married, Single
or WidowedFather's
NameMother's
Maiden NameName of person giving
Information

Town

County

Month

Day

Age

Year

Months

Days

Color or
RaceBirth-
placeWhere Residing if not
at place of deathName of Wife or
HusbandFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

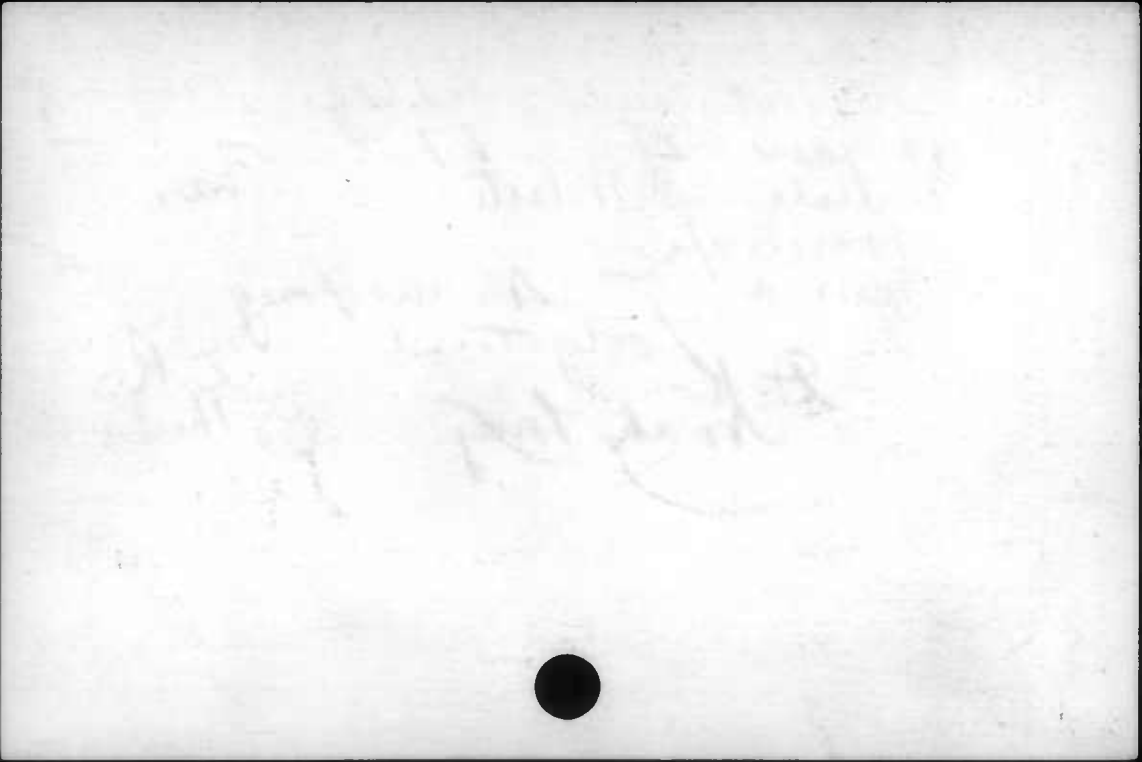
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

W H Loy

CERTIFICATE OF DEATH

Ohio
MARYLAND

Died at <u>Columbus</u> Town		<u>Franklin</u> County			
Date of death	19 <u>80</u>	Month	<u>Jan</u>	Day	<u>11th</u>
Age	<u>76</u>	Years		Months	<u>4</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Harrisburg Pa</u>
Occupation	<u>Merchant</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband			
Father's Name	<u>Matthias Loy</u>	Father's Birthplace			
Mother's Maiden Name	<u>Christiana Weems</u>	Mother's Birthplace			
Name of person giving Information	<u>M. McChamahan</u>	How related to deceased			

Died outside of State

CAUSES OF DEATH

Primary	<u>Arterio Sclerosis</u>	How long	<u>Several Months</u>
Immediate	<u>Cerebral Hemorrhage</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Earle E. Gaver M.D.</u>	
		Address	
		<u>1107. Warner Ave</u>	
Accident or Suicide		<u>Columbus Ohio</u>	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Williamport Md. January 18th 1910.
Interred in River View Cemetery
By J. F. Kreps. Undertaker.

Name
in
Full

Martha Ann McHenry

CERTIFICATE OF DEATH

Died at ^{Town} Cumberland ^{County} Allegany

MARYLAND

Date of death 1940 ^{Month} January ^{Day} 29 ^{Years} Age 82 ^{Months} 7 ^{Days} 6

Sex Female ^{Color or Race} White ^{Birth-place} Emmittsburg, Maryland

Occupation retired ^{Where Residing if not at place of death} —

Married, Single or Widowed Widow ^{Name of Wife or Husband} James J. McHenry

Father's Name James Masters ^{Father's Birthplace} Pennsylvania

Mother's Maiden Name Ann Kreidler ^{Mother's Birthplace} "

Name of person giving information James J. McHenry ^{How related to deceased} Son

CAUSES OF DEATH

Primary Arterial decay

(154) How long (?)

Immediate Exhaustion

How long (?)

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

James J. Shusord
Cumberland Md.

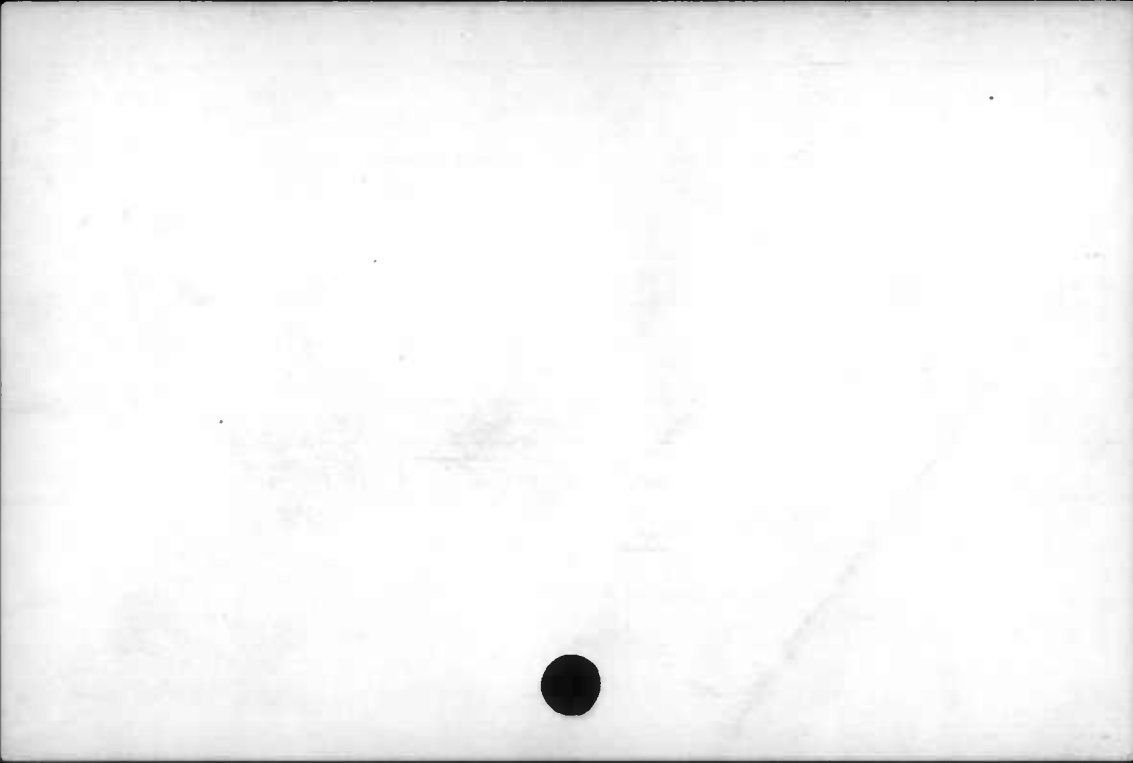
Address

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret J. McIndoe* Town *Lonaconing* County *Allegheny*

Died at *Lonaconing* MARYLAND

Date of death 190 *Jan.* Month *27th* Day *50* Age *6* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Lonaconing*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John McIndoe*

Father's Name *Thomas Peckles* Father's Birthplace *Scotland*

Mother's Maiden Name *Janet Douglas* Mother's Birthplace *Scotland*

Name of person giving Information *John McIndoe* How related to deceased *Husband*

CAUSES OF DEATH 159

PHYSICIAN
OR CORONER

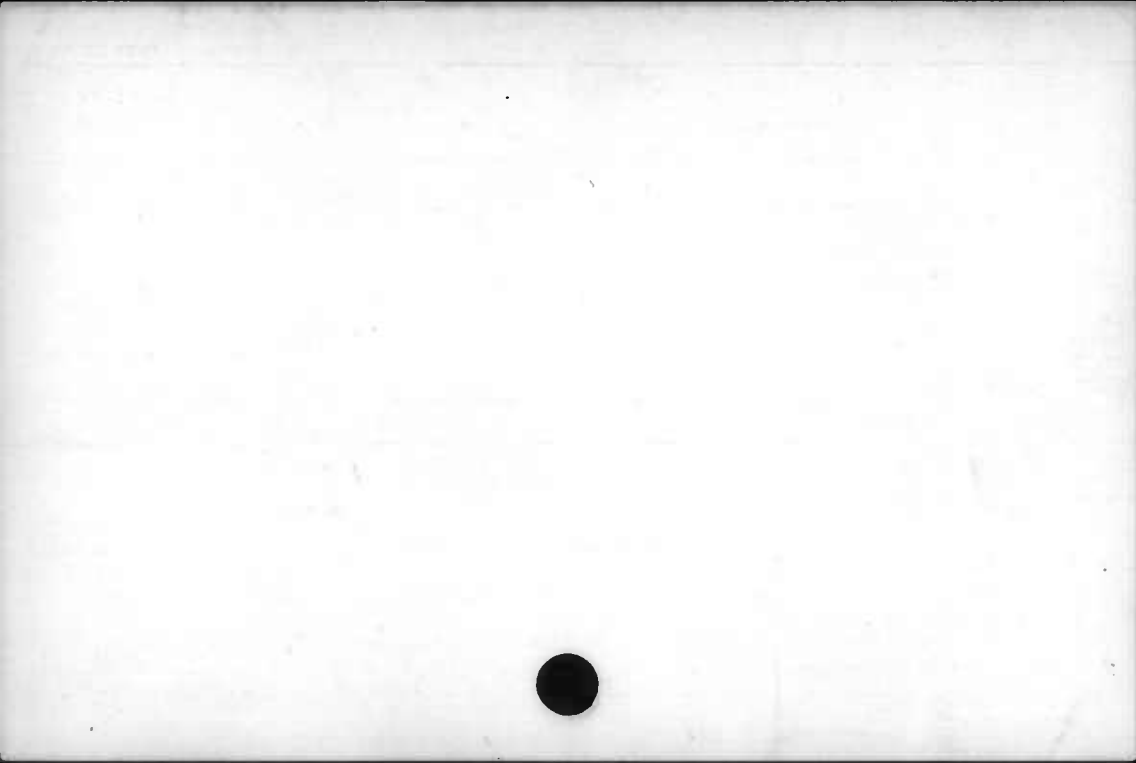
Primary *Gunshot wound.* How long *Immediate*

Immediate *Internal hemorrhage.* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of *Coroner*

Address *John J. Dressman*

Accident or Suicide *Suicide* *Cumt'd Md*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Elizabeth Marshall
Town *Cumberland* County *Alley*
Died at

MARYLAND

Date of death 19*80* Month *Jan* Day *28* Age *60* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *West Va*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Charles Marshall*

Father's Name *Don't Know* Father's Birthplace *D.K.*

Mother's Maiden Name *Don't Know* Mother's Birthplace *" "*

Name of person giving information *Marsellus Wilson* How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary *Apoplexy* How long *7 days*

Immediate *Cardiac failure* How long *24 hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Surgeon Chain*
Address *104 N. Main St. Chain*

Steu

Accident or Suicide *no*

PHYSICIAN
OR CORONER

Mrs Nellie Wilson

Frank City

Geo

Clarence Poe

Monday 230 Metropolitan

Rev Tyler officiating

Stepson Thomas Marshall

Piedmont

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1960

Month

Jan.

Day

11

Age

Years

Months

Days

16

Sex

Male

Color or
Race

White

Birth-
place

Cumberd

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Huaband

None

Father's
Name

C. W. Miller

Father's
Birthplace

Md

Mother's
Maiden Name

Levina Snyder

Mother's
Birthplace

Md

Name of person giving
Information

C. W. Miller

How related
to deceased

Father

CAUSES OF DEATH

Primary

Colitis

How long

6 days

Immediate

Transition

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

William D. Foard MD

Address

101 Virginia Ave
Cumberland Md

Accident or Suicida

Federal L.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

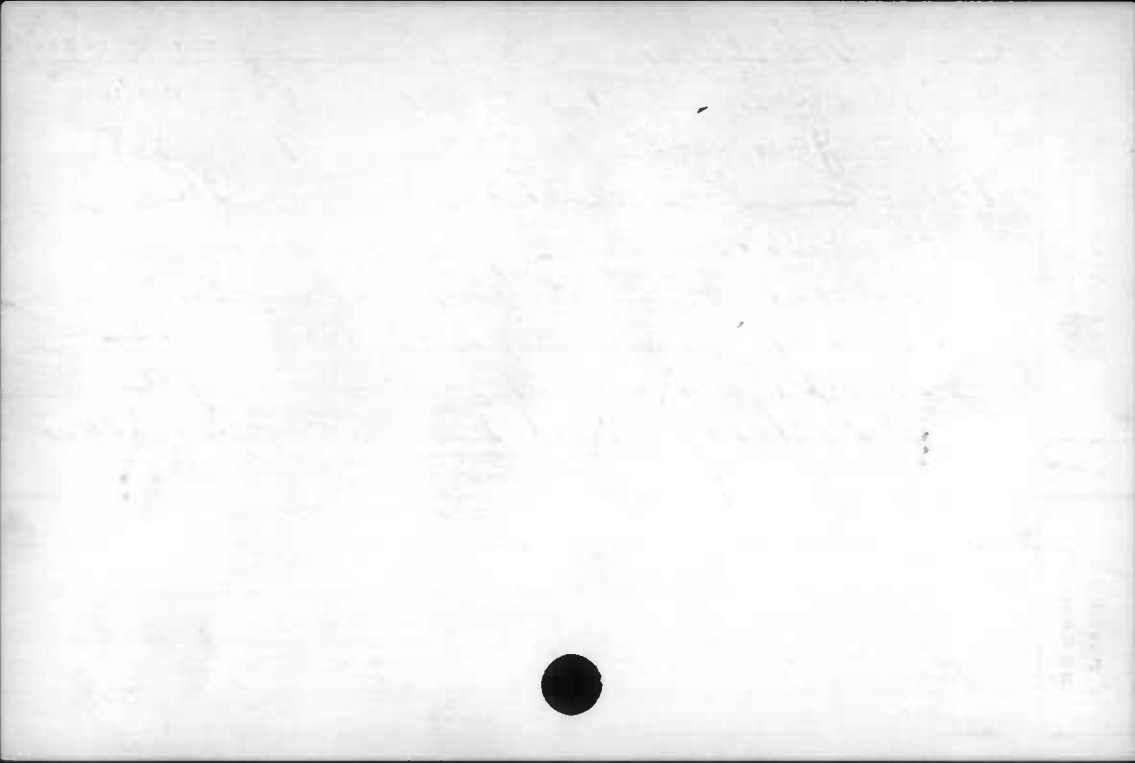
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		Jan	21	80	4	5	
Sex		Color or Race		Birth-place			
Male		White		Pa			
Occupation				Where Residing if not at place of death			
Farmer				Evans Mountain			
Married, Single or Widowed		Name of Wife or Husband					
Married		Alley Miller					
Father's Name		Father's Birthplace					
Henry Miller		Pa					
Mother's Maiden Name		Mother's Birthplace					
Mary Rhine		Pa					
Name of person giving information		How related to deceased					
Henry Rice		S. Son					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary		How long	
Bright Disease		2 years	
Immediate		How long	
uremic poisoning		1 week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J. B. H.		Thos. H. Lewis	
Accident or Suicide		Address	
Mt. Herman		Annebush	
		Md	



Name
in
Full

Paul Minnick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumberland* Town *Alleg.* County

Date of death 19*10* Jan Month *31* Day Age *86* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Margaret Lotterlock*

Father's Name *Don't know* Father's Birthplace *Germany*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving Information *Samuel H. Metz* How related to deceased *Son-in-law*

CAUSES OF DEATH

1374

PHYSICIAN
OR CORONER

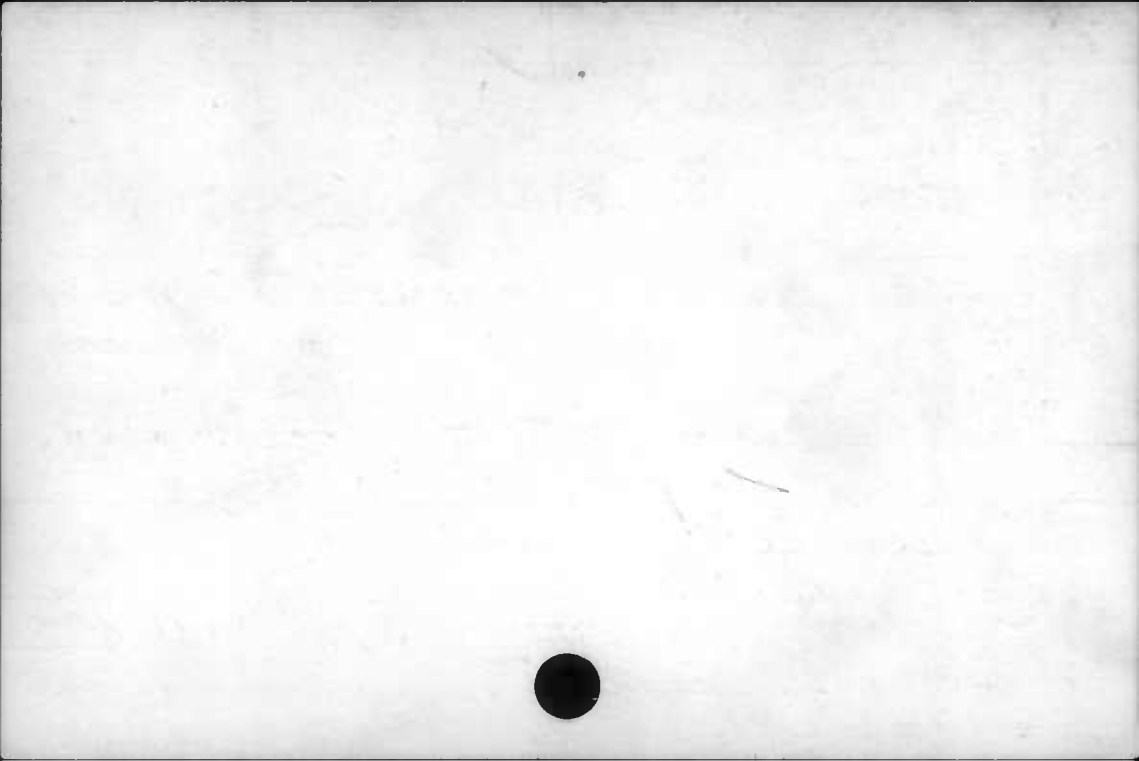
Primary *Semingly* How long *X*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. B. M. D. M. D.*

Heu Address *—*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph Francis* County *Allegheny* MARYLAND
Died at *Frintburg* Month *Jan* Day *22* Age *25* Months *-* Days *10*
Date of death 19*00* Sex *Male* Color or Race *White* Birth-place *Edkhard*
Occupation *Miner* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*
Father's Name *John Francis* Father's Birthplace *Gilman Md*
Mother's Maiden Name *Marttha Carter* Mother's Birthplace *Edkhard*
Name of person giving information *John Francis* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Typhoid fever* How long *22 days*
Immediate *Chills* How long *48 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. C. Cooley*

Address

Accident or Suicide

Catholix

Jacob Hayes

Name
in
Full

Alexander J. Nichols.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>19th</u>	Month <u>Jan</u>	Day <u>1</u>	Years <u>24</u>	Months <u>0</u>	Days <u>9</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Lawrenceburg</u>		
Occupation <u>Chick</u>	Where Residing if not at place of death <u>Cumberland</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>Joseph Nichols</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Jesse Ireland</u>	Mother's Birthplace <u>Scotland</u>				
Name of person giving information <u>Angus Ireland</u>	How related to deceased <u>Uncle</u>				

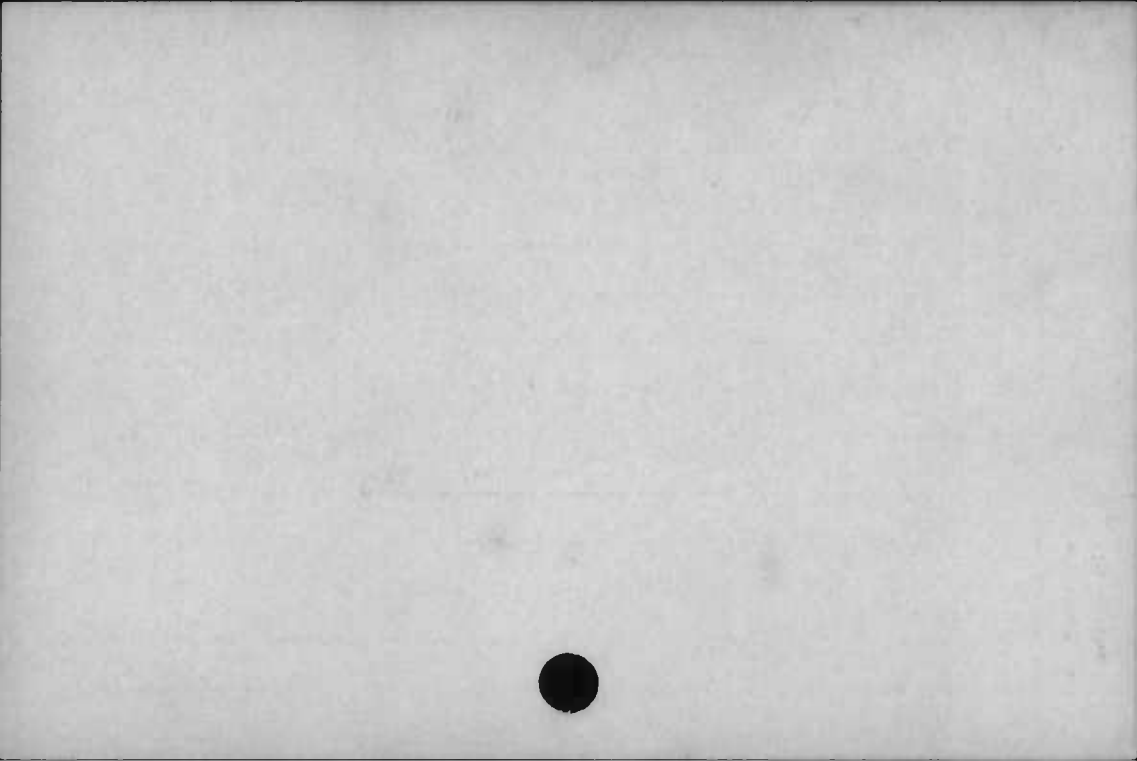
CAUSES OF DEATH

164

175

PHYSICIAN
OR CORONER

Primary <u>Lock thigh & Head injury</u>	How long <u>3 days</u>
Immediate <u>Concussion of Brain</u>	How long <u>2 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>613. Clayback m.d.</u>
<u>Lawrenceburg (3rd)</u>	Address <u>Cumberland Md</u>
Accident or Suicide? <u>Accident</u>	<u>Run over by R. R. Engine</u>



Name
in
Full

Edward Norwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chilbland</i> ^{Town}		<i>Allegh</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	Month <i>Jan</i>	Day <i>6</i>	Age <i>57</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Lighter</i>			
Father's Name <i>Don't Know</i>		Father's Birthplace <i>D.K.</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Anna Norwood</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>Five weeks</i>
Immediate <i>Atherosclerosis</i>	How long
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>John R. Fitts</i>
<i>Stem.</i>	Address <i>38 S. Mechanics St.</i>
Accident or Suicide	

Norwood

19 Beall St.

Name
in
Full

Michael Oroske

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sylvan Retreat</i> ^{Town} <i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1940</i> ^{Month} <i>Jan.</i> ^{Day} <i>20</i> ^{Years} <i>37</i> ^{Months} <i>—</i> ^{Days} <i>—</i>	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-Place <i>MD</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Chester, Md.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Michael Oroske Sr.</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Audie McHugh</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>James Oroske</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Surg. Operation (Brain Tumor)</i>	How long <i>3 Mo.</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Ludwig</i>
	Address <i>Cumbrantown Md.</i>
Accident or Suicide?	

Frostburg Furn & Found Co

Catholic Cemetery

Name
in
Full

Chas Lester Ort.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Borden Minn* ^{County} *Allegany* **MARYLAND**

Date ¹⁹¹⁰ *1910* ^{Month} *1* ^{Day} *30* ^{Age} *—* ^{Years} *—* ^{Months} *2* ^{Days} *21*

Sex *M.* Color or Race *W.* Birth-place *Md*

Occupation *@* Where Reaiding if not at place of death *—*

Married, Single or Widowed *—* Nama of Wife or Husband *—*

Fethar's Name *William Ort* Father's Birthplace *Md*

Mother's Maiden Name *Bertha Wilson* Mother's Birthplace *Md*

Neme of person giving Information *Bertha Ort* How related to deceased *Mother*

CAUSES OF DEATH

Primary

Marasmus.

Immediate

Are the name, age, sex, color, date and plice correctly given above?

Yes

Signature of Physician

Address

Dr. J. M. Lane
Horsburg Md

Accident or Suicide

PHYSICIAN
PR CORONER



Name
in
Full

Howard L. Ort

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Borden Minis</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1910</u>	Month <u>1</u>	Day <u>10</u>	Age <u>—</u> Years	Months <u>2</u>	Days <u>—</u>
Sex <u>M</u>	Color or Race <u>W.</u>		Birth-place <u>md</u>		
Occupation <u>Chief</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Hm Ort</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Bertha Nelson</u>			Mother's Birthplace <u>md</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Inanition</u>	How long	<u>1 mo.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. H. M. Lane</u>	
		Address <u>Shelburg md</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

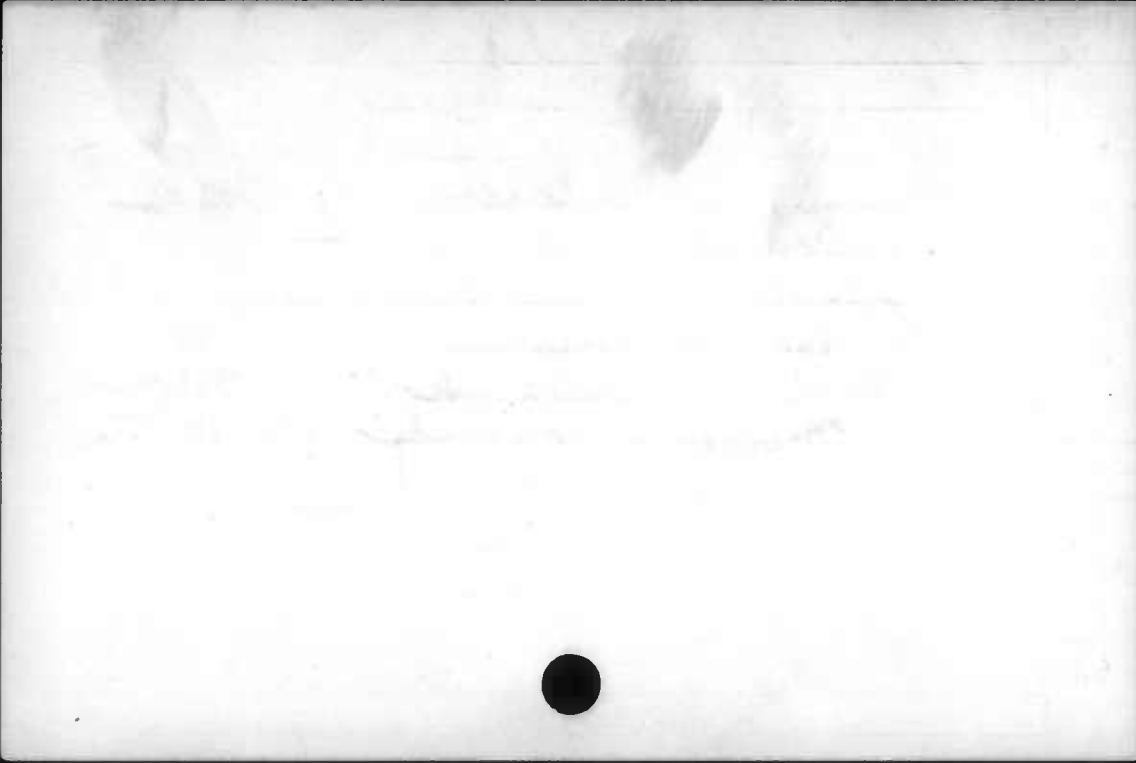
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Cours</i> County		MARYLAND	
Date of death	19 <i>60</i> Jan	Day	27	Age	0
Sex	Male	Color or Race	White	Birthplace	Cumberland,
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	-		Name of Wife or Husband	-	
Father's Name	<i>William Luther Cours.</i>		Father's Birthplace	<i>W. Va.</i>	
Mother's Maiden Name	<i>Clara K. Thompson</i>		Mother's Birthplace	<i>W. Va.</i>	
Name of person giving Information	<i>Clara K. Thompson</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>6 1/2 months</i>
Immediate		How long	<i>gestation</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>William R. Ford MD.</i>
		Address	<i>109 Va. Ave</i>
			<i>Cumberland, Md.</i>
Accident or Suicide	<i>AS</i>		



Name
in
Full

Thomas Parrish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Amberland alleg County MARYLAND
Date of death 1900 Jan. Month 31 Day 31 Years 31 Months — Days —
Sex male Color or Race Colored Birth-place MD
Occupation Labour Where Residing if not at place of death —
Married, Single or Widowed Single Name of Wife or Husband none
Father's Name Thomas H Small Father's Birthplace D.K.
Mother's Maiden Name Miller Parrish Mother's Birthplace MD
Name of person giving information Miller Parrish How related to deceased Mother

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Mitral Regurgitation How long Several months
Immediate Lack of Compensation How long 5 weeks
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician E. B. Claybrook Address Amberland, Md
Accident or Suicide —

45 Daridson St

Name
in
Full

Lydia G. Reith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumtuckland* ^{Town} *Allegheny* ^{County} **MARYLAND**
 Date of death 19*00* ^{Month} *1* ^{Day} *16* Age *0* ^{Years} *1* ^{Months} *1* ^{Days}
 Sex *Female* Color or Race *White* Birth-place *Cumtuckland*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *W. G. Reith* Father's Birthplace *Cumtuckland*

Mother's Maiden Name *Elizabeth S. Reith* Mother's Birthplace *"Father"*

Name of person giving Information *W. G. Reith* How related to deceased *Father*

CAUSES OF DEATH

Primary *Petulous Foramen Oval* 150 ^{How long} *Since birth*

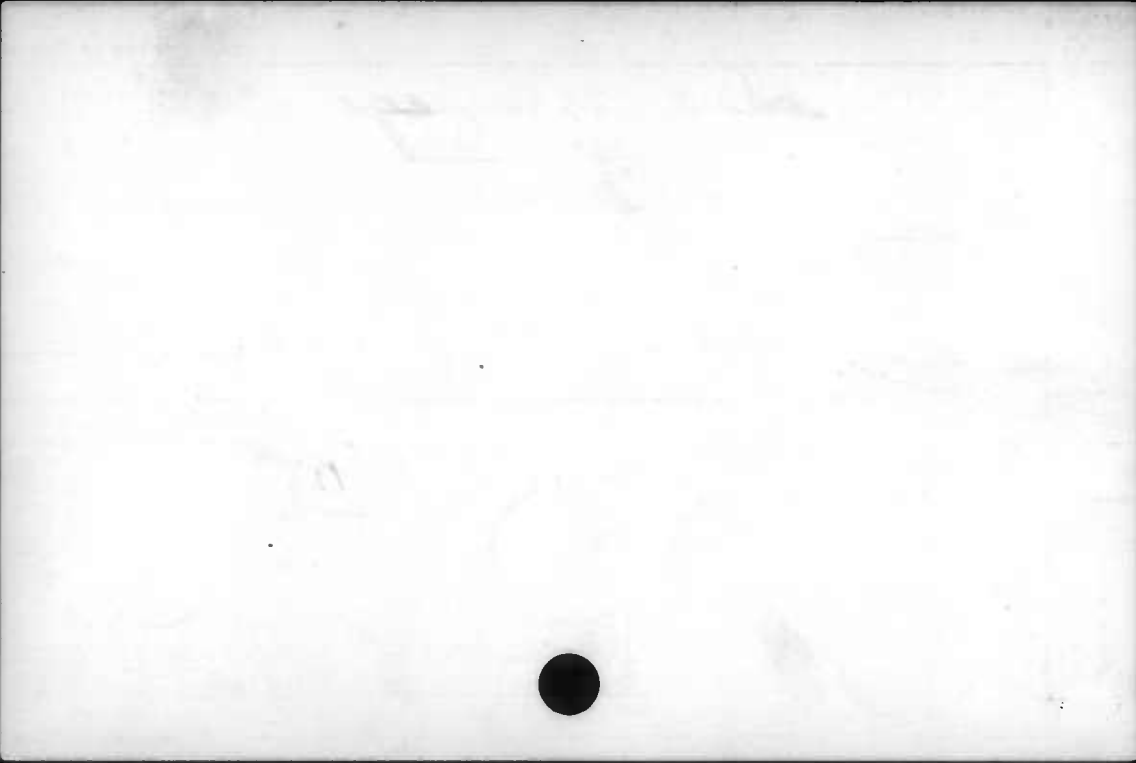
Immediate *Exhaustion* ^{How long} *3 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. B. McDonald*
 Address *Cumtuckland Md*

Accident or Suicide

PHYSICIAN
OR
CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *infant Reynolds*
Town *Burnside* County *Alleg.*
Died at
Date of death *1910 Jan 20* Age *—*
Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Samuel I Reynolds*

Father's Birthplace *Ind*

Mother's Maiden Name *Mary Pendergast*

Mother's Birthplace *West Va*

Name of person giving Information *Samuel Reynolds*

How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still born*
Immediate *Too long labor*

How long *8*

Are the name, age, sex, color, date and place correctly given above?

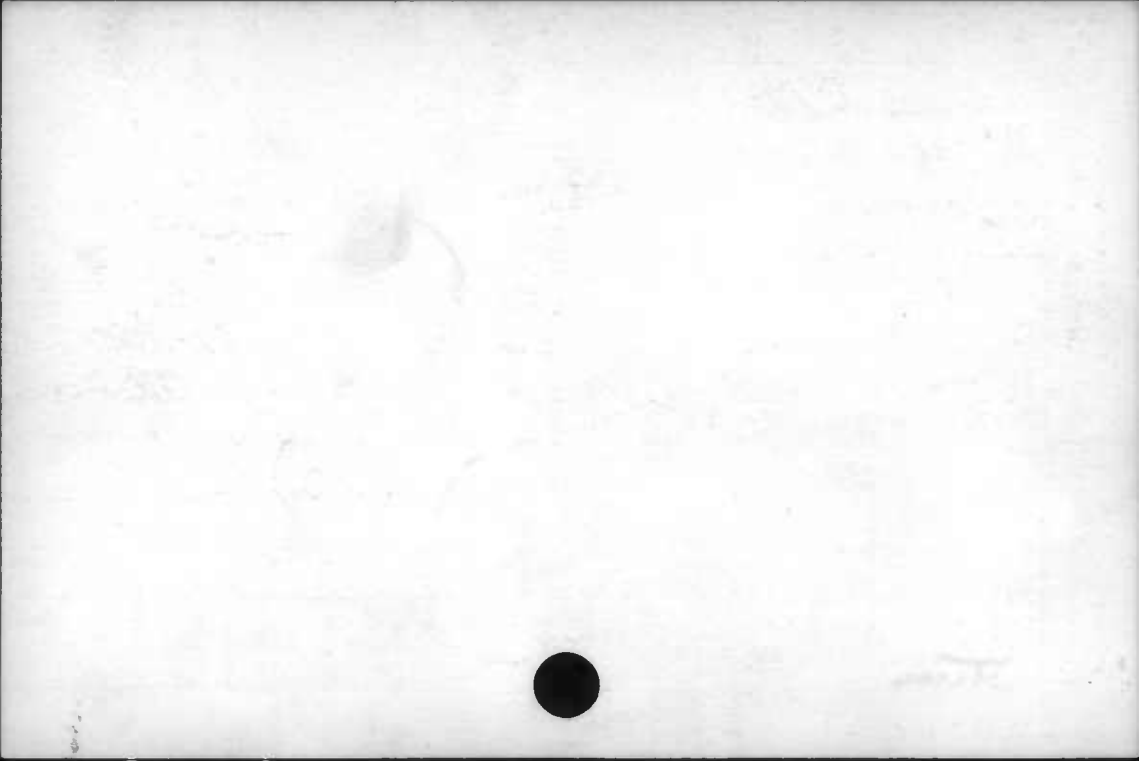
Yes

Signature of Physician

Address

A. J. S. Sankley
Amberley
Franklin *MD*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Cumtred* *Alleg*
Town County
Date of death 19*60* *Jan* *28* Age *52*
Month Day Years Months Days

Sex *Male* Color or Race *White* Birth-place *W. Va*

Occupation *carpenter* Where Residing if not at place of death *—*

Marrled, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Patrick Reynolds* Father's Birthplace *Ireland*

Mother's Maiden Name *Catherine Boney* Mother's Birthplace *Ireland*

Name of person giving Information *Patrick. Reynolds* How related to deceased *Brothers*

CAUSES OF DEATH

Primary *La Grippe* How long *2 wks*
Immediate *Pneumonia - Exhaustion* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. F. Swigg.*

Address

Frostburg,
Stein

Cumtred
W. Va.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR
CORDER

7.247 Bek

Lady Bek

Name
in
Full

Olive F Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Allegheny County MARYLAND

Date of death 1900 Jan 26 54 Age 2 Months - Days

Sex Female Color or Race White Birth-place K. Va

Occupation Housekeeper Where Residing if not at place of death -

Married, Single or Widowed Widow Name of ~~Wife~~ or Husband J. F. Rice

Father's Name John Wagner Father's Birthplace K. Va

Mother's Maiden Name Edith Calhoun Mother's Birthplace K. Va

Name of person giving Information Charles Rice How related to deceased Son

CAUSES OF DEATH

Primary

Gall Colic

How long

2 mos

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

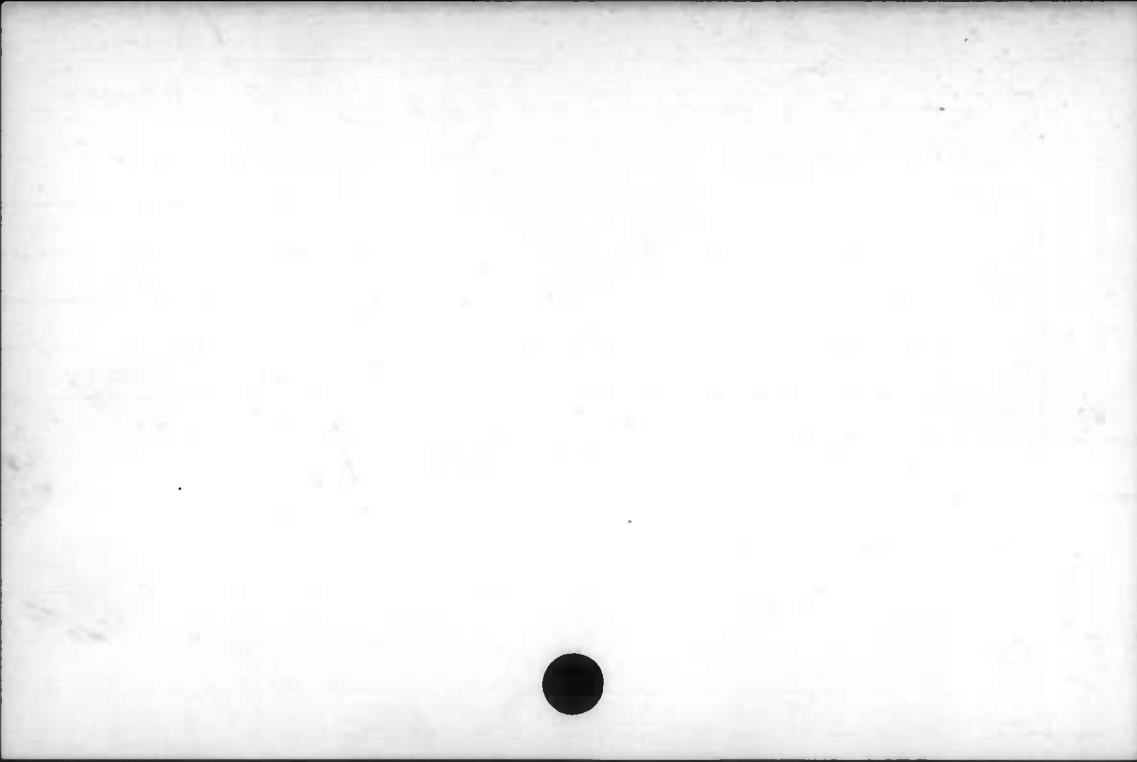
Chas B. Tracey M.D.

Cumt

Boone Ind

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary C. Reine</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at		Month <i>Jan</i>		Day <i>6</i>		Year <i>1960</i>	
Date of death		Age <i>60</i>		Months <i>23</i>		Days <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Exhoulby</i>			
Occupation <i>School chie</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Reine</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Stella Zimble</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving Information <i>Chas. Reine</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Scarlet fever</i>		How long <i>3 weeks</i>	
Immediate <i>Suppurative Adenitis</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Coker</i>	
Address <i>Frostburg, Md</i>			
Accident or Suicide <i>No</i>			

PHYSICIAN
OR CORONER

J. Hafer,
Porter alley.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Arnold J. H. Robertson* Town *Cumberland* County *Allegany* MARYLAND

Died at *Cumberland* Date of death *1900* Month *June* Day *4* Age *23* Years Months *6* Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Harborer* Where Residing if not at place of death *Newark Ohio*

Married, Single or Widowed *Married* Name of Wife or Husband *Frank R. Robertson*

Father's Name *Henry Whittman* Father's Birthplace *Germany*

Mother's Maiden Name *Elizabeth Huff* Mother's Birthplace *England*

Name of person giving Information *Henry Whittman* How related to deceased *Father*

CAUSES OF DEATH

Primary *Zyphic Fever* How long *3 weeks*

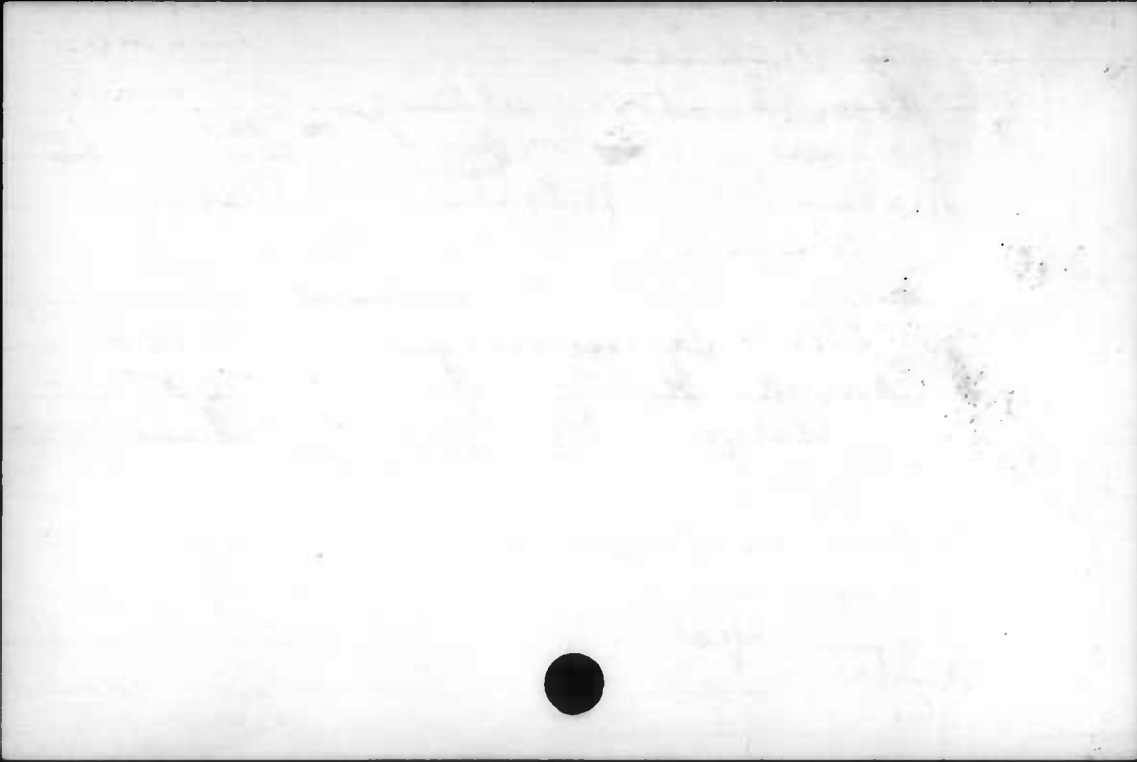
Immediate *Unsanitary Conditions* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. L. Broadbent* Address *Cumberland Md*

Accident or Suicide *No.*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Leroy Roeder

Town *Near Cumberland* County *alleg* MARYLAND

Died at *Near Cumberland*

Date of death 19*00* Month *Jan* Day *21* Age *6* Years *5* Months *15* Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Walter H Cummings* Father's Birthplace *Ind*

Mother's Maiden Name *Emma Roeder* Mother's Birthplace *Ind*

Name of person giving Information *August Roeder* How related to deceased *Grandfather*

PHYSICIAN
OR
CORONER

CAUSES OF DEATH

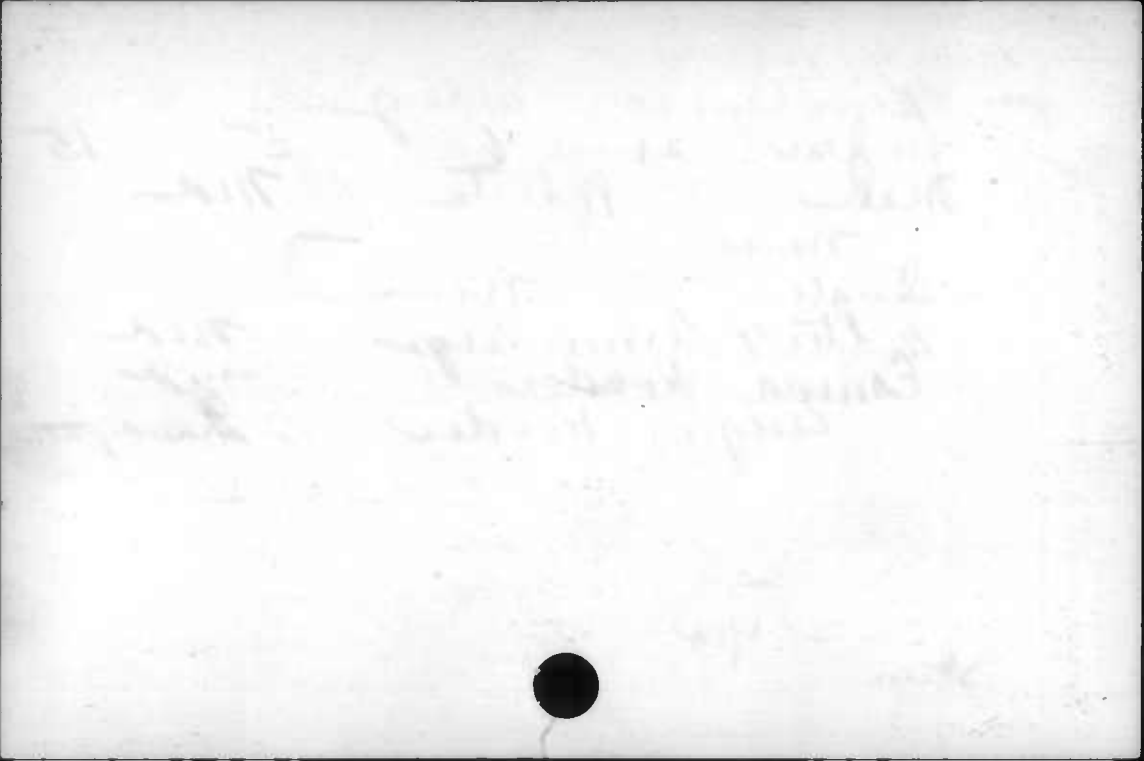
Primary *Meningeal Laceration* How long *10 days*

Immediate *Concussion* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. J. [Signature]* Address *[Redacted]*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm P. Rooney* Town *Frostburg* County *Abley*
Died at
Date of death 19*40* Month *January* Day *18* Age *29* Years Months *4* Days *18*
Sex *Male* Color or Race *White* Birth-place *Ind*
Occupation *Miner* Where Residing if not at place of death *—*
Married, Single or Widowed ☒ Married Name of Wife or Husband *Catherine Domich*
Father's Name *Wm P. Rooney* Father's Birthplace *Ind*
Mother's Maiden Name *Catherine Domich* Mother's Birthplace *Ind*
Name of person giving Information *Wm Rooney* How related to deceased *Son*

CAUSES OF DEATH

Primary *Was found dead in bed* How long *79*
Immediate *Supposed to have heart disease* How long *79*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *J. J. [Signature]*
Address *Frostburg Ind*

PHYSICIAN
OR CORNER

Accident or Suicide

Cathalia

Jacob Hoyer

Name
in
Full

Helen Schurriger

CERTIFICATE OF DEATH

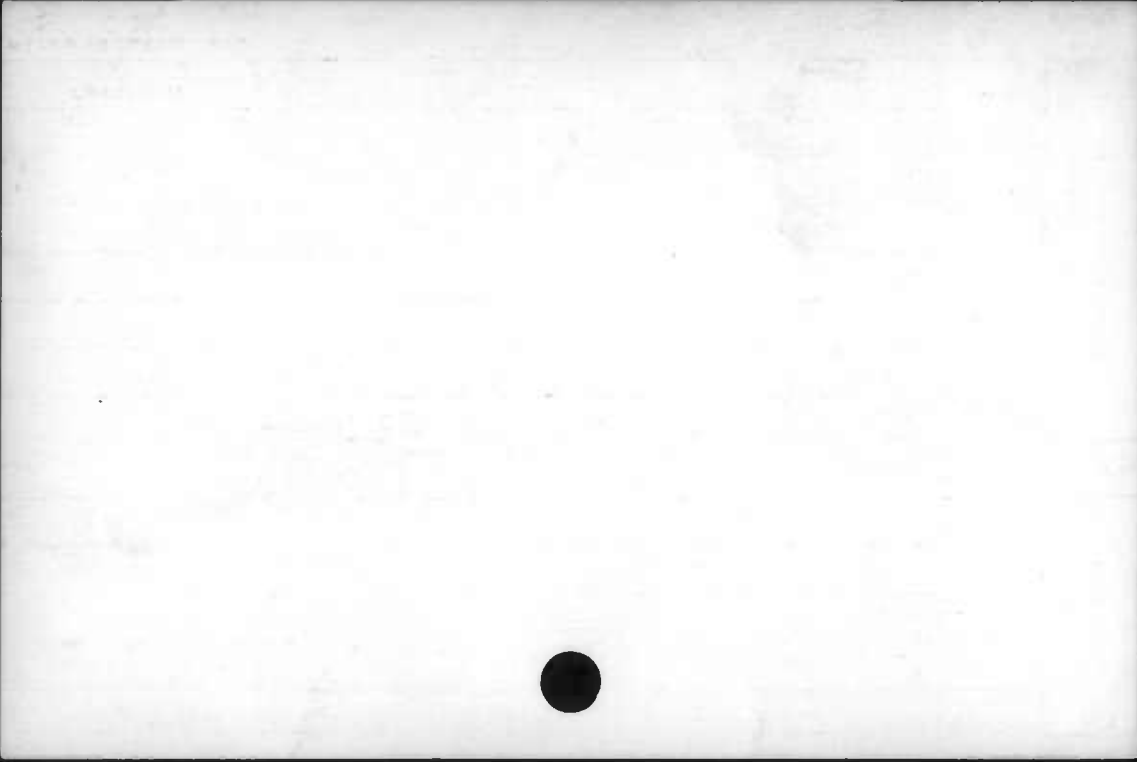
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1910		1	9		5		
Sex	Female			Color or Race	White		
Occupation	None			Birth-place	Cumberland		
Where Residing if not at place of death				Cumberland			
Married, Single or Widowed	Single			Name of Wife or Husband	None		
Father's Name	Henry Schurriger			Father's Birthplace	md		
Mother's Maiden Name	Lena Straff			Mother's Birthplace	D.C.		
Name of person giving Information	Henry Schurriger			How related to deceased	Father		

CAUSES OF DEATH

Primary	Transition	How long	179
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	Cumb		
Accident or Suicide	md		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Died at *Frostburg* *Alleghany* County **MARYLAND**

Date of death 19*10* *Jan* *10* Age *43* *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Miner* Where Residing if not at place of death *Frostburg*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie Shriner*

Father's Name *George Shriner* Father's Birthplace *Wm Port, Pa*

Mother's Maiden Name *Jennett Walker* Mother's Birthplace *Scotland*

Name of person giving Information *David Shriner* How related to deceased *Son*

CAUSES OF DEATH

Primary *Crushed by coal in mine* How long *Immediate*

Immediate *Interdial hemorrhage* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Coroner*

Address *John J. Crossman, Cumberland, Md.*

Accident or Suicide *Accident*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frostburg Furn + Mnd. Co

Allegheny Cemetery

Name
in
Full

CERTIFICATE OF DEATH

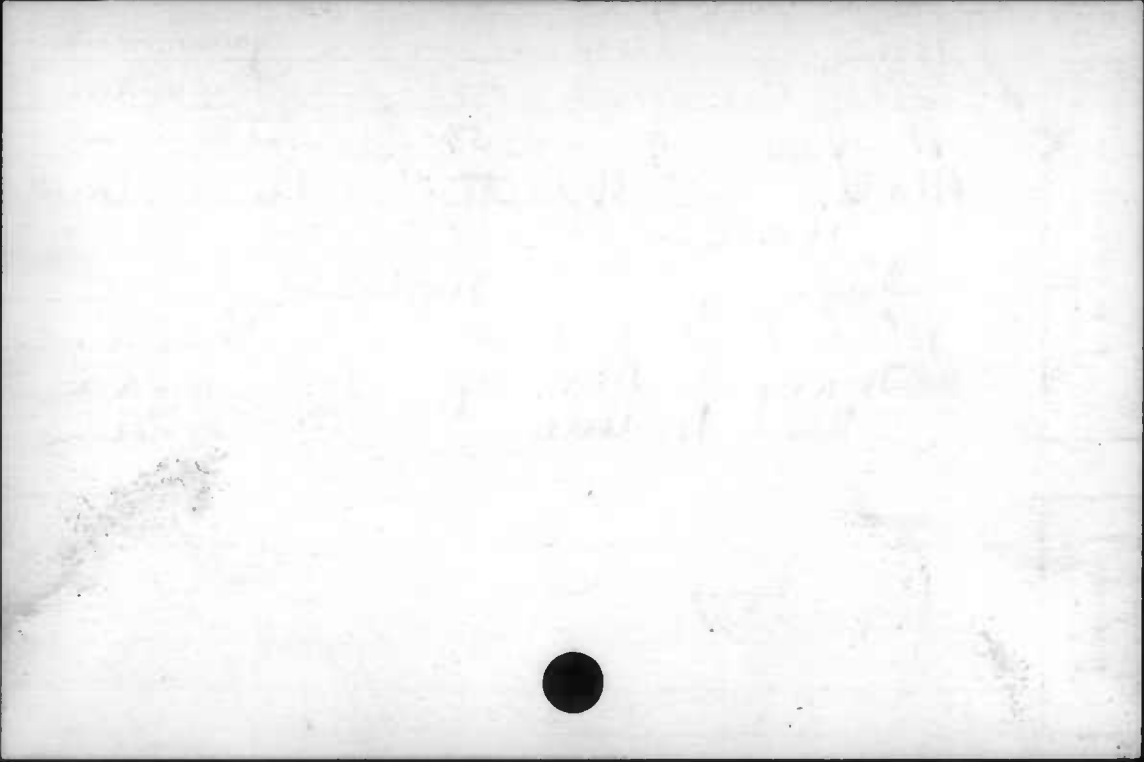
TO BE ANSWERED BY
NEAREST FRIEND

Name <u>James Shuck</u>		Town <u>near Cumberland</u>		County <u>Allegh</u>		MARYLAND	
Died at		Month <u>Jan</u>		Day <u>9</u>		Years <u>56</u>	
Date of death 1900		Months <u>-</u>		Days <u>-</u>		Age <u>56</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cumberland</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>					
Father's Name <u>John T Shuck</u>		Father's Birthplace <u>Cumbrd.</u>					
Mother's Maiden Name <u>Mary A Murray</u>		Mother's Birthplace <u>W Va.</u>					
Name of person giving Information <u>Mrs Widmer</u>		How related to deceased <u>Sister</u>					

CAUSES OF DEATH

Primary	<u>Chronic Bright's Dis.</u>	How long	<u>120</u> years
Immediate	<u>Exhaustion</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. F. Furrer</u>	
Address <u>Steele</u>		Address <u>Cumberland, W Va</u>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

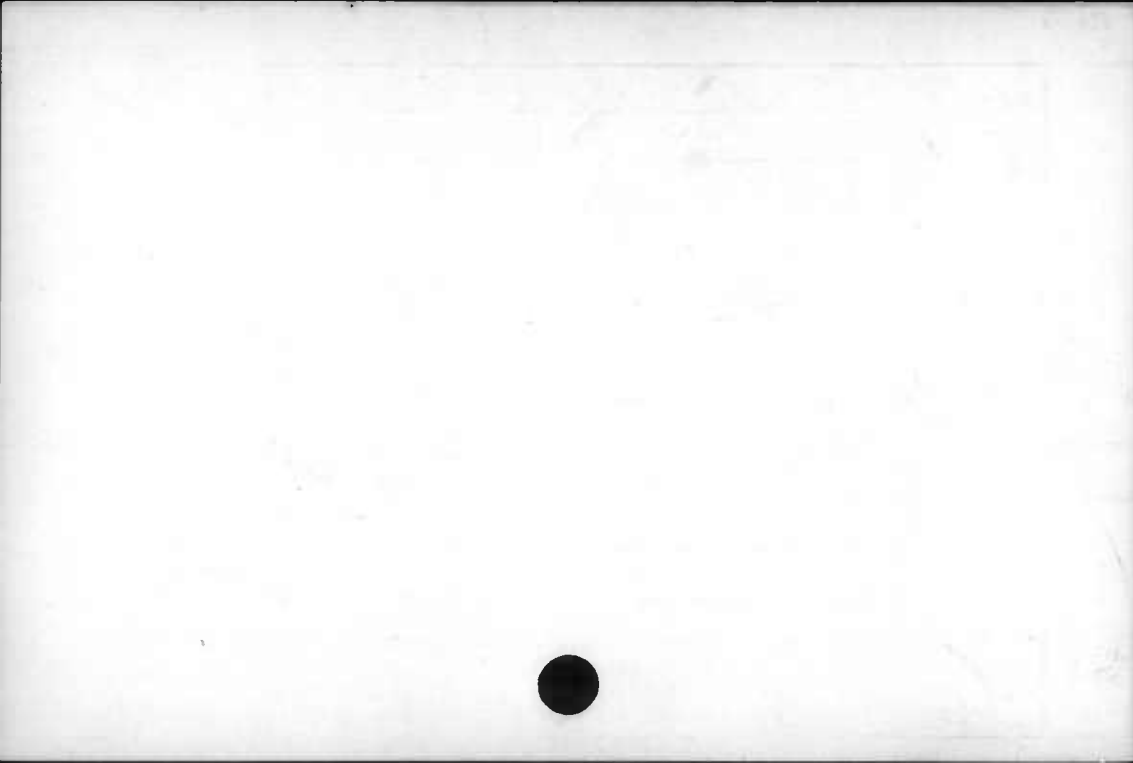
Name *James Sloan Sr*
Town *Lonsanning* County *Alligany*
Died at *Lonsanning*
Date of death 19*40* Jan / 20 Age *67* Months *—* Days *—*
Sex *Male* Color or Race *White* Birth-place *Scotland,*
Occupation *Miner* Where Residing if not at place of death *—*
Married, Single or Widowed *Married* Name of Wife *Margaret Holmes*
Father's Name *Sam'l Sloan* Father's Birthplace *Scotland*
Mother's Maiden Name *Margaret McMillan* Mother's Birthplace *"*
Name of person giving Information *James Sloan Jr* How related to deceased *Son*

CAUSES OF DEATH

Primary *Ataxic Paraplegia* How long *One year*
Immediate *General Paralysis* How long *Three days*
Are the name, age, sex, color, data and place correctly given above? *yes*
Signature of Physician *W B Skilling M.D.* Address *Lonsanning,*
Accident or Suicide *No*

PHYSICIAN
OR CORNER

1



Name
in
Full

Armona Stroddola

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumtulaud Alleg. Town County

MARYLAND

Date of death 1960 Jan. 18 Month Day Age 7 Years Months Days

Sex Female Color or Race Colored Birth-place Pa.

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Henry Stroddola Father's Birthplace va.

Mother's Maiden Name Hannie Washington Mother's Birthplace W. va

Name of person giving Information Lizzie Stephenson How related to deceased none

CAUSES OF DEATH

Primary Rickets (146) How long 36 7

Immediate Exhaustion How long 7 yrs
2 mks

Are the name, age, sex, color, date and place correctly given above?

Stene

Signature of Physician

Alf Brac Sto

Address

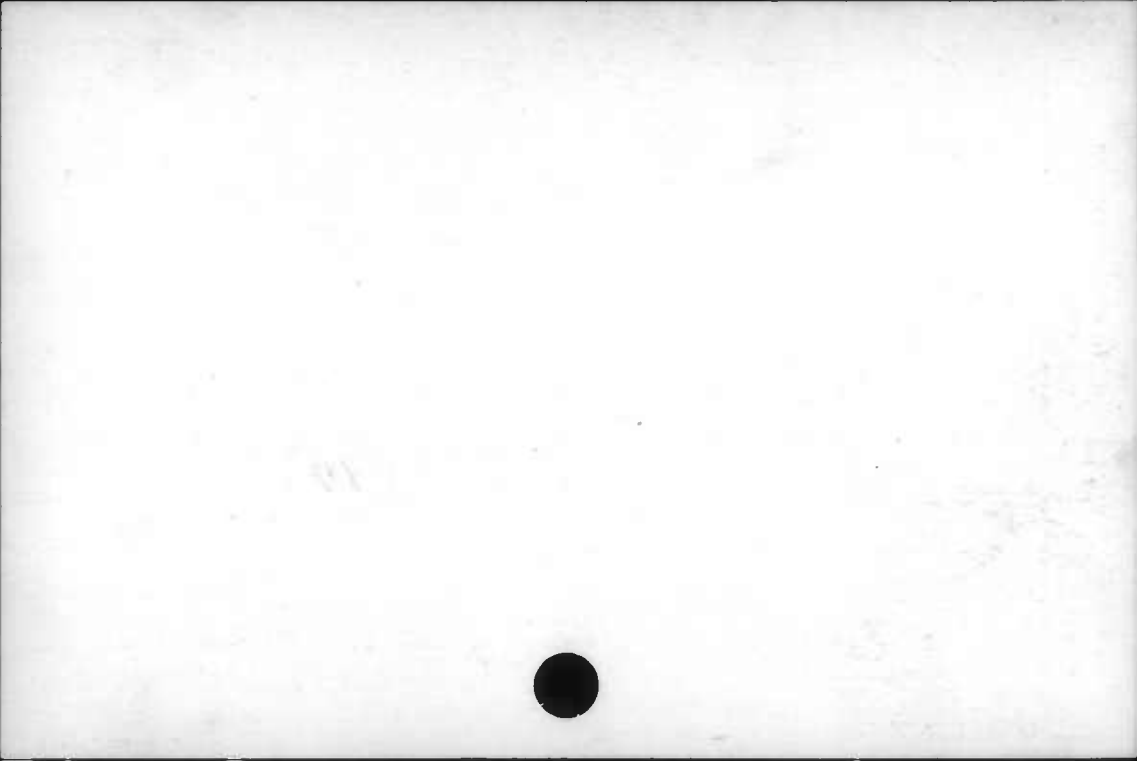
Alleg Co

Ind

Accident or Suicide

PHYSICIAN
CORNER





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Arley Amburner Rogers

Died at *Midlothian* ^{Town} *Alleghany* ^{County} **MARYLAND**

Date of death *1940* Month *1* Day *28* Age *4* ^{Years} Months *6* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Midlothian*

Occupation *no* Where Residing if not at place of death *Midlothian*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Alfred Rogers* Father's Birthplace *Virginia*

Mother's Maiden Name *Luzia White* Mother's Birthplace *Ind.*

Name of person giving Information *Father* How related to deceased *—*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Le Gripp* ^{How long} *1 week*

Immediate *Pneumonia* ^{How long} *6 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. F. L. Phyme*

Address *Midlothian*

Accident or Suicide? *—*

Frostburg Furnace

. Allegany

Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph H. Weber*
Town *Cumberland* County *Alleg.*
Died at
Date of death *1900* Month *Jan* Day *16* Age *—* Years *—* Months *—* Days *10*
Sex *Male* Color or Race *White* Birth-place *Cumld.*
Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *Nicholas Weber* Father's Birthplace *Germany*
Mother's Maiden Name *Lucy Hoff* Mother's Birthplace *"*
Name of person giving information *Nicholas Weber* How related to deceased *Father*

CAUSES OF DEATH

Primary *Broncho Pneumonia* How long *5 days*
Immediate *4 hours* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

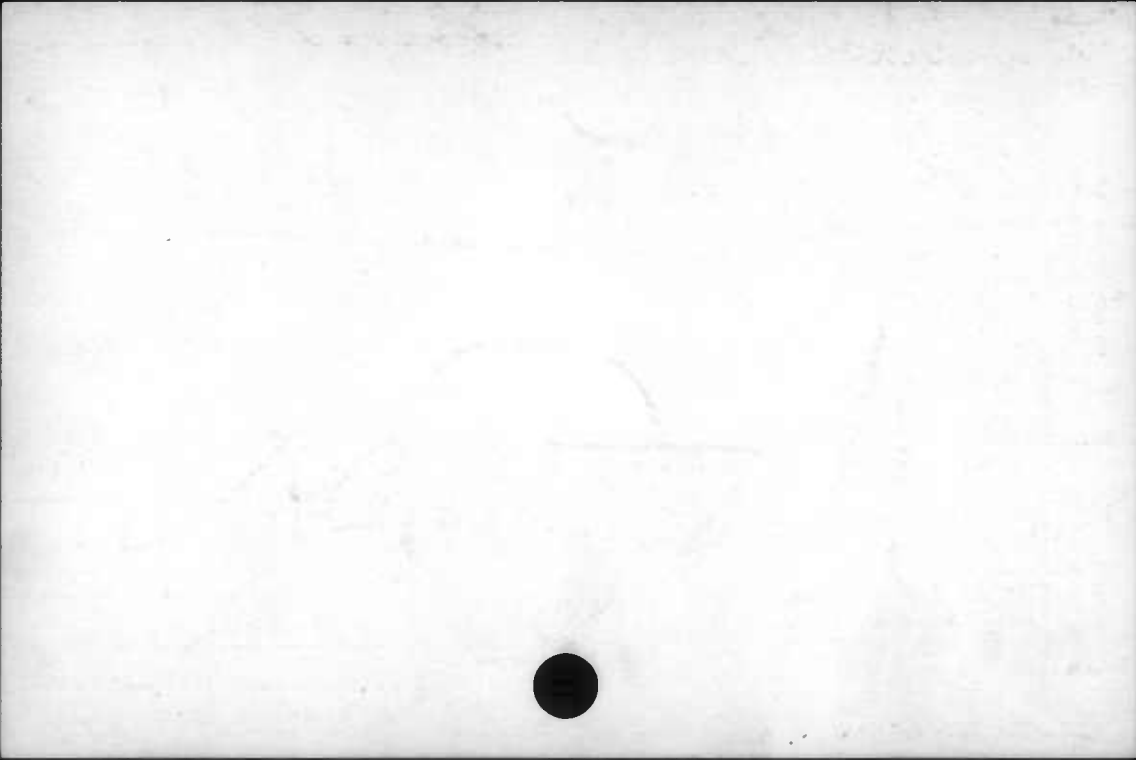
Signature of Physician

J. H. Fochtman

Address

Foghtman

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

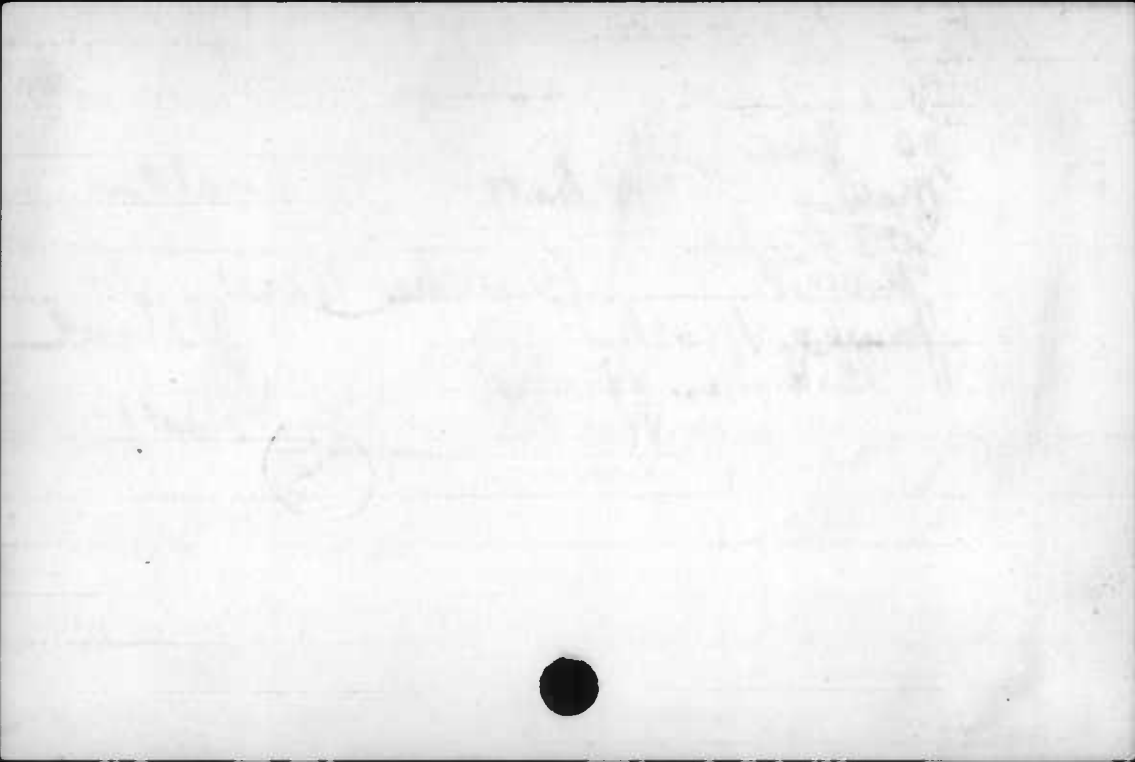
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumtland</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death	<i>1960</i>	Month <i>Jan</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>6</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Mo</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Arthur J. Weber</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Nora M. Little</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mr. A. J. Weber</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(Stillborn?)</i>		How long <i>8</i>
Immediate	<i>unknown</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. L. Broadus MD</i>	Address <i>Cumtland</i>
Accident or Suicide? <i>No</i>		<i>98 Va. Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Edward Welsh* Town *Cumda* County *Allegh*
Died at
Date of death 1900 *10* Month *Jan* Day *24* Age *38* Years
Sex *Male* Color or Race *White* Birthplace *Cumda*
Occupation *Storekeeper* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Blanche Weis*
Father's Name *James Welsh* Father's Birthplace *Ireland*
Mother's Maiden Name *Catharine Wash* Mother's Birthplace *"*
Name of person giving information *James Welsh* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *Don't Know*
Immediate *Pulmonary edema* How long *24 hours*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. R. Hodges*
Stem. Address *Cumberland, Ind.*
Accident or Suicide

PHYSICIAN
OR CORNER

576 S Mich St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Laura Young* Town *Cumberland* County *Alleg.* Maryland

Died at *Cumberland* *Alleg.*

Date of death 19*00* Month *Jan* Day *11* Age *37* Years Months *6* Days *—*

Sex *Female* Color or Race *White* Birth-place *Cumld.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Geo. G. Young*

Father's Name *Dennis Olvera* Father's Birthplace *Ireland*

Mother's Maiden Name *Jeannette Nelson* Mother's Birthplace *Scotland*

Name of person giving Information *Geo. G. Young* How related to deceased *Husband*

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary *Ectopic Gestation & Rupture* How long *3 months*

Immediate *Exhaustion* How long *6 hrs.*

Are the name, age, sex, color, date and place correctly given above?

Stem.

Signature of Physician

Address

F. B. McJannet,
Cumberland Md

Accident or Suicide

